

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000082

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** SEVARG FINANCIAL CORPORATION

**Current Principal Place of Business:**

4144 BUSINESS STREET  
LONG BEACH, CA 908072701 US

**New Principal Place of Business:**

4320 ATLANTIC AVE  
SUITE 216  
LONG BEACH, CA 908072828 US

**Current Mailing Address:**

4144 BUSINESS STREET  
LONG BEACH, CA 908072701 US

**New Mailing Address:**

PO BOX 18599  
LONG BEACH, CA 90807 US

FEI Number: 33-0387186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPST ( ) Delete  
Name: GRAVES, JACKIE A  
Address: 4144 BUSINESS STREET  
City-St-Zip: LONG BEACH, CA 908072701

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: GRAVES, JACKIE A PRES  
Address: 4320 ATLANTIC AVE., SUITE 216  
City-St-Zip: LONG BEACH, CA 908072828 US

Title: SEC ( ) Change (X) Addition  
Name: WASHINGTON, JACQUELINE G SEC  
Address: 11200 WESTHEIMER RD., SUITE 930  
City-St-Zip: HOUSTON, TX 77042 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE A. GRAVES

PRES

04/19/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date