

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000189
 1. Entity Name
TIDEWATER FINANCE COMPANY



Principal Place of Business
6420 INDIAN RIVER RD.
VIRGINIA BEACH, VA 23464

Mailing Address
PO BOX 13306
CHESAPEAKE, VA 23325 US



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1650513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDLER, ART 565 CEDAR RD. CHESAPEAKE, VA 23320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SANDLER, STEVE 565 CEDAR RD. CHESAPEAKE, VA 23320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BENSON, NATHAN 565 CEDAR RD. CHESAPEAKE, VA 23320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOTLIEB, RAYMOND 565 CEDAR RD. CHESAPEAKE, VA 23320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nathan Benson, Treasurer (757) 579-6444 Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR