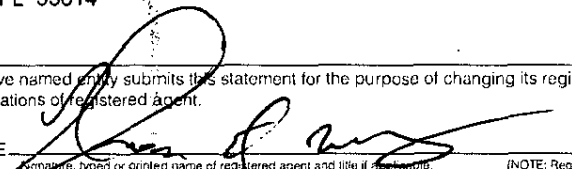
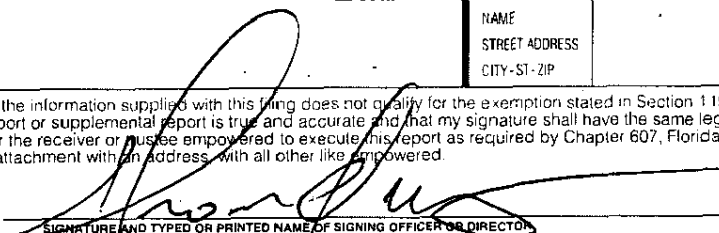


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 049 ***150.00

DOCUMENT # P01000084550 1. Entity Name FLORIDA FINANCIAL ASSOCIATES, INC.					
Principal Place of Business 4014 GUNN HIGHWAY 95 TAMPA, FL 33614			Mailing Address 4014 GUNN HIGHWAY 95 TAMPA, FL 33614		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3630630	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILKINS, THOMAS E 4014 GUNN HIGHWAY STE 95 TAMPA, FL 33614				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  (Signature, typed or printed name of registered agent and title if applicable) 4/20/04 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	WILKINS, THOMAS	NAME	Wilkins Thomas		
STREET ADDRESS	5856 RED CEDAR LANE	STREET ADDRESS	4971 BALOPA LANE SOUTH		
CITY - ST - ZIP	TAMPA, FL 33625	CITY - ST - ZIP	ST. PETERSBURG FL 33715		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SOLEY, JAMES P	NAME			
STREET ADDRESS	6445 RENWICK CIRCLE	STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FL 33647	CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		4/20/04 DATE		815 930 9125 Daytime Phone #	
THOMAS WILKINS					