

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P15708**

1. Entity Name  
**SERVICE FINANCE CORPORATION**



Principal Place of Business  
**419 KEY EXECUTIVE BLDG.  
104 CRANDON BLVD  
KEY BISCAVNE, FL 33149**

Mailing Address  
**419 KEY EXECUTIVE BLDG.  
104 CRANDON BLVD  
KEY BISCAVNE, FL 33149**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3164478</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPENCER, S.A.  
251 CRANDON BLVD.  
#164  
KEY BISCAVNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 DONAGHY, JAMES W. 7 RIDGEWOOD DRIVE BRIDGEWATER, CT 06752
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SPENCER, S.A. 251 CRANDON BLVD. #164 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LEISCHNER, STEVEN 1979 DOGWOOD DR SCOTCH PLAINS, NJ 07076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DENIS, LYNNE 630 THIRD AVENUE 7TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/11/07-80018-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Steven Leischner*  
**Signature and Typed or Printed Name of Signing Officer or Director**

**4/23/07** **(305) 361-8864**  
Date Daytime Phone #