
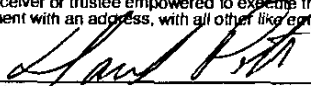


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 115676</b> 1. Entity Name <b>MUTUAL FINANCE COMPANY</b>		
Principal Place of Business <b>7203 N. FLORIDA AVE P. O. BOX 172127 TAMPA, FL 33604 US</b>	Mailing Address <b>P.O. BOX 127127 P. O. BOX 172127 TAMPA, FL 33872-0127 US</b>	
4. FEI Number <b>59-0371510</b>		Applied For <input type="checkbox"/> 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  <b>POTTS, DAVID C 7203 N. FLORIDA AVE TAMPA, FL 33604</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>POTTS, JOE A 306 E TYLER TAMPA, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>POTTS, DAVID C 7203 N. FLORIDA AVE TAMPA, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000666955 03/26/07-80009-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b> 		Date <b>3/14/07</b> Daytime Phone # <b>813-239-1163</b>