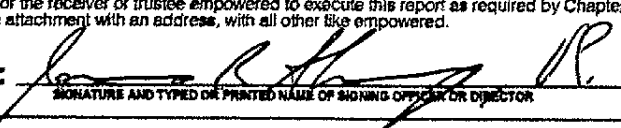


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # 147115 1. Entity Name REGIONAL FINANCE COMPANY			
Principal Place of Business 110 E. REYNOLDS STREET #700 PLANT CITY, FL 33566 US		Mailing Address P.O. BOX 163 PLANT CITY, FL 33566 US	
DO NOT WRITE IN THIS SPACE			
		01182006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-0757153		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHUMP, JAMES R. 110 E. REYNOLDS STREET #700 PLANT CITY, FL 33566		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	8D		
NAME	VERNER, S. P.		
STREET ADDRESS	420 GULF BLVD.		
CITY-ST-ZIP	INDIAN ROCKS BCH., FL		
TITLE	VPD		
NAME	SHUMP, JAMES R.		
STREET ADDRESS	110 E. REYNOLDS ST. #700		
CITY-ST-ZIP	PLANT CITY, FL 33566		
TITLE	PD		
NAME	VERNER, JOHN V		
STREET ADDRESS	420 GULF BLVD		
CITY-ST-ZIP	BELLEAIR BEACH, FL		
TITLE	VPD		
NAME	VERNER, EDWARD M		
STREET ADDRESS	110 E. REYNOLDS STREET - #700		
CITY-ST-ZIP	PLANT CITY, FL 33566		
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 807, 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: 		1/23/06 Date Daytime Phone #	