

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 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**



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
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	

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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #