


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 150655 7. Entity Name FRIENDLY FINANCE SERVICE, INC.	
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FILED
Jan 16, 2004 08:00 AM
Secretary of State



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-0578094** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEPKIN WILLIAM C
1522 NW 36TH ST
MIAMI, FL 33142

**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, 2004 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	PC DEPKINS, WILLIAM C 475 NW 122 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEPKIN, MARIA 475 NW 122 STREET MIAMI, FL 33168
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C Depkin

1/13/04 *305 635-8603*

Date

Daytime Phone #