


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90002 007 \*\*\*158.75

**DOCUMENT # F0000004732**

1. Entity Name  
**RAPID MONEY CORPORATION**



Principal Place of Business  
**816 CAMARON STREET, STE 214  
 SAN ANTONIO, TX 78212**

Mailing Address  
**816 CAMARON STREET, STE 214  
 SAN ANTONIO, TX 78212**

**54063794**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07122004 Chg-P CR2E034 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**52-2083596**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ERB, GUY F</b> <b>816 CAMARON ST., STE 214</b> <b>SAN ANTONIO, TX 78212</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>DAVIS, RUSSELL</b> <b>816 CAMARON ST., STE 214</b> <b>SAN ANTONIO, TX 78212</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECK, DAVID</b> <b>35950 GENESEE LAKE RD.</b> <b>OCONOMOWOE, WI 53066</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORTON, BRETT</b> <b>531 46TH AVE.</b> <b>SAN FRANCISCO, CA 94121</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERTS, BRUCE</b> <b>9 PARK PLACE</b> <b>BREVARD, NC 28712</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RENSHAW, WILLARD S</b> <b>10497 TOWN COUNTRY WAY, STE. 226</b> <b>HOUSTON, TX 77024</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JOSE, OLIVEROS</b> <b>816 CAMARON ST. STE 214</b> <b>SAN ANTONIO, TX 78212</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERTEL, ROBERT</b> <b>2 RIDGEROCK DR</b> <b>SIGNAL MOUNTAIN, TN 37377</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **12 July 2004**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Guy F. Erb, President*