



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90011 038 \*\*\*150.00

<b>DOCUMENT # F01000005497</b> 1. Entity Name <b>VIATICAL SETTLEMENT PROFESSIONALS, INC.</b>																													
Principal Place of Business <b>1910 BYRD AVENUE, STE 203 RICHMOND, VA 23230</b>			Mailing Address <b>1910 BYRD AVENUE, STE 203 RICHMOND, VA 23230</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<b>54006131</b>  																									
4. FEI Number <b>54-1890087</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01212004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent  <b>GRIFFITHS, PAUL F 618 MARINERS WAY BOYNTON BEACH, FL 33435</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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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.

804-673-2991

SIGNATURE: 

Stephen M. Watson February 9, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #