

## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # F01000006365

STATEWIDE FINANCIAL LENDING SERVICES, INC.



**FILED** Mar 02, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

5448 HOFFNER AVE SUITE # 304 ORLANDO, FL 32812 Mailing Address

5448 HOFFNER AVE

SUITE # 304 ORLANDO, FL 32812



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 23-3022036 Not Applicable

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

VIAMONTES, RENE **1223 43RD STREET** ORLANDO, FL 32809

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

02272006

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 roinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P VIAMONTES, RENE 1223 43RD STREET ORLANDO, FL 32809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000452881 +3/13/06-80017-020 150.00
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
IITLE MAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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 to use 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 whith at add/ess, with all pther like empowered.					