**2004 FOR PROFIT CORPORATION** 

## **FILED ANNUAL REPORT (AR)** Apr 29, 2004 8:00 am Secretary of State DOCUMENT # F02000002886 1. Entity Name 04-29-2004 90287 041 \*\*\*158.75 CMV FUNDING, INC. Principal Place of Business Mailing Address 2060 NORTH COLLINS, #110 RICHARDSON TX 75080 2060 NORTH COLLINS, #110 RICHARDSON TX 75080 2. Principal Place of Business 3. Mailing Address 4701 W. Universi 4701 W.U Suite, Apt. #, etc Suite, Apt. #. etc. CR2E034 (11/03) City & State McKinney City & State 4. FEI Number Applied For 75-2952873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA COMPLIANCE SPECIALISTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2331 HANSEN PLACE TALLAHASSEE FL 32301 City 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. Classic Constitution (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Rodney Vaughn PCD TITLE TITLE ☐ Delete Change Addition NAME VAUGHN, RODNEY NAME 4701 W. Urunsils STREET ADDRESS 2060 NORTH COLLINS, #110 STREET ADDRESS City-ST-ZIP RICHARDSON TX 75080 CITY-ST-ZIP VSTD michael McMillan 4701 w. Unwerouts TITLE ☐ Delete TITLE ☐ Addition NAME MCMILLAN, MICHAEL NAME 2060 NORTH COLLINS, #110 STREET ADDRESS STREET ADDRESS Mckinney TY, 75071 CITY-ST-ZIP RICHARDSON TX 75080 CITY-ST-ZIP ☐ Delete TITLE Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.