

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005850

FILED
Apr 29, 2004
Secretary of State

Entity Name: CAPITAL FINANCIAL LENDING CORP.

Current Principal Place of Business:

P.O. BOX 844
HAMLIN, PA 18427

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 844
HAMLIN, PA 18427

New Mailing Address:

FEI Number: 23-3073474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORP OF FLORIDA
521 LAKE AVE, STE 4
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SCHAEFER, JOHN
Address: 5 SHILOH DR.
City-St-Zip: HAMLIN, PA 18427

Title: S () Delete
Name: SCHAEFER, LINDA
Address: 5 SHILOH DR.
City-St-Zip: HAMLIN, PA 18427

Title: T () Delete
Name: MURPHY, TIM
Address: 128 INDIAN ROCKS
City-St-Zip: LAKE ARIEL, PA 18436

Title: P () Delete
Name: MURPHY, KAREN
Address: 128 INDIAN ROCKS
City-St-Zip: LAKE ARIEL, PA 18436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SCHAEFER

VP

04/29/2004

Electronic Signature of Signing Officer or Director

Date