

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000003557

1. Entity Name
THE REFINANCE COMPANY



Principal Place of Business
Mailing Address

6435 CASTLEWAY WEST DRIVE, STE 115
INDIANAPOLIS, IN 46250
5920 CASTLEWAY WEST DRIVE, SUITE 205
INDIANAPOLIS, IN 46250

**FILED
Jul 20, 2005 8:00 am
Secretary of State**

07-20-2005 90029 001 ***150.00

50056463



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2059022	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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 PC
NAME DILLOW, PAUL K
STREET ADDRESS 6435 CASTLEWAY WEST DRIVE, SUITE 115
CITY-ST-ZIP INDIANAPOLIS, IN 46250

TITLE VPVC
NAME ROBERTSON, DAVID P
STREET ADDRESS 5920 CASTLEWAY WEST DRIVE, SUITE 205
CITY-ST-ZIP INDIANAPOLIS, IN 46250

TITLE STD
NAME ROBERTSON, KEVIN F
STREET ADDRESS 5920 CASTLEWAY WEST DRIVE, SUITE 205
CITY-ST-ZIP INDIANAPOLIS, IN 46250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Robertson

7-11-05 317-913-5160

Date

Daytime Phone #