

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2005 SEP 20 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F04000005780

1. Entity Name  
COMPREHENSIVE FINANCIAL SOLUTIONS OF  
PENNSYLVANIA, INC.



Principal Place of Business  
488 CHURCHILL DRIVE  
BERWYN, PA 19312

Mailing Address  
488 CHURCHILL DRIVE  
BERWYN, PA 19312

**DO NOT WRITE IN THIS SPACE**



09132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
23-3072688

Applied For  
Not Applicable

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

**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 \$550.00  
Due by October 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | CP                  |
| NAME           | TROY, MICHAEL       |
| STREET ADDRESS | 488 CHURCHILL DRIVE |
| CITY-ST-ZIP    | BERWYN, PA 19312    |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

800059774288  
09/20/05--01020--018 \*\*550.00

**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: *Michael Troy* Michael Troy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/05 ✓ (610)247-3775

Date

Daytime Phone #

1207