FILED 6, 2004 8:00 am etary of State

2004 FOR PROFIT CORPORA ANNUAL REPORT	Apr 26, 2 Secretai	
W. 4 N. T. (1) C.	THE ST	Seci etai
JMFNT # F96006		04.26.2004.90

DOCUMENT # F96006 1. Entity Name WELLS FARGO FINANCIAL FLORIDA, INC.				04-26-2004 90501 014 ***150.00						
Principal Place	of Business	Mailing Address	,	,						
800 WALNUT	STREET IA 50309-3636	800 WALNUT STREET DES MOINES, IA 50309	-3636							
DEG MOMES,	3333 333					I IKNIK KANI DOM SDIR BIN	STON BISTE BISE	JINN BIBII BIBNI	III # 1111	
2. Principal Pla	ace of Business	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				. (202 200) 55(() 2202 200						
Suite, Apt. #, etc.			04142004	Chg-P	CR2E034	i (10/03)				
City & State City & State			4. FEI Numbe			_ 	plied For Applicable			
Zip	Country	Zip Country			5 Certificate of Status Desired \$8.75 Additional					
	6 Name and Address of Current	Perietered Agent				7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent Na			Name							
CORPORA	TION SERVICE COMPANY STREET			Street Address (P.O. Box Number is Not Acceptable)						
	SEE, FL 32301-2525									
				City				Zip Code		
		- the second second		1	internal areas or bo	the in the State of Dr	FL			
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 agen	t and title if applicable. (NOTE	: Registere	d Agent signature rec	quired when reinstating)		DATE	,		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campai Trust Fund Cont		ncing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND		11.	1.0	ADDITIONS D	CHANGES TO OFF				
TITLE NAME	PD ADAM, CHRISTOPHER J P/D	Æ Delete	TITL		lamsay, Red	ed W.		☐ Change	Addition	
STREET ADDRESS	800 WALNUT STREET		•		00 Walnut		0 2626			
CITY-ST-ZIP	DES MOINES, IA 503093636	[] p-t-t-	TITL		es Moines	, IA 5030		☐ Change	☐ Addition	
TITLE NAME	MILLER, BRUCE A	Delete	NAM					L] Grange	L; Addition	
STREET ADDRESS	800 WALNUT STREET			EET ADDRESS						
CITY-ST-ZIP	DES MOINES, 1A 503093636	☐ Delete	TITL	r-ST-ZIP				☐ Change	Addition	
NAME	POETTING, GARY M	LLI Delete	NAN					enange		
STREET ADDRESS CITY-ST-ZIP	800 WALNUT STREET DES MOINES, IA 503093636			EET ADDRESS /-ST-ZIP						
TITLE	VP	☐ Delete	TITL					☐ Change	☐ Addition	
NAME	ANDERSON, DEAN R	0000	NAM						_	
STREET ADDRESS CITY-ST-ZIP	800 WALNUT STREET DES MOINES, IA 503093636			EET ADDRESS Y-ST-ZIP					,	
TITLE	SD SD	☐ Delete	TITL					☐ Change	Addition	
NAME	KUNZ, FAYE L		NAM						_	
STREET ADDRESS CITY-ST-ZIP	800 WALNUT STREET DES MOINES, IA 503093636			EET ADDRESS Y-ST-ZIP					;	
TITLE	T T 303093030	Delete	TITE	LE T				☐ Change	Addition	
NAME	FISHER, DAVID A		NAJ	vie C	Wenson, S	teven N.		_	-	
STREET ADDRESS CITY - ST - ZIP	800 WALNUAT STREET DES MOINES, IA 503093636				300 Walnut Des Moines	, IA 5030	9-3636			
12. I hereby	certify that the information supplied w	ith this filing does not qualify fo	or the ex	emption stated	in Section 119.07(3)(i), Florida Statutes.	I further certi	ify that the in	nformation	
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 by the same of the corporation of the receiver of the corporation of the receiver of the same and that my name appears in Block 10 or Block 11 if the same of the										

Bruce A. Miller

Vice President

April 16, 2004

(515) 557-7502