

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91023 035 \*\*\*150.00

**DOCUMENT # F99000006180**

1. Entity Name  
**INTERIM SETTLEMENT FUNDING CO INC**



Principal Place of Business  
**5380 GULF OF MEXICO DR, SUITE 105-171  
LONGBOAT KEY, FL 34228**

Mailing Address  
**5380 GULF OF MEXICO DR, SUITE 105-171  
LONGBOAT KEY, FL 34228**

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**88-0406759**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COHEN, ANDREW H ESQ.  
1820 RINGLING BLVD  
SARASOTA, FL 34236**

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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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	PETERSEN, KATHLEEN
STREET ADDRESS	2425 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	P
NAME	DUMAS, JACK W
STREET ADDRESS	5380 GULF OF MEXICO DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Jack W Dumas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/28/04*

Daytime Phone #

*914 383 9422*