

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13865

Entity Name: FIN GROUP, INC.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

10501 SIX MILE CYPRESS PKY
SUITE 107
FT. MYERS, FL 339126400 US

New Principal Place of Business:

Current Mailing Address:

10501 SIX MILE CYPRESS PKY
SUITE 107
FT. MYERS, FL 339126400 US

New Mailing Address:

FEI Number: 59-2429601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATES, JOHN E
10501 SIX MILE CYPRESS PKWY
SUITE 107
FT MYERS, FL 33912 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: DT () Delete
Name: STATES, JOHN E.,
Address: 10501 SIX MILE CYPRESS PKY, #107
City-St-Zip: FORT MYERS, FL

Title: P () Delete
Name: DAWSON, TERRI
Address: 10501 SIX MILE CYPRESS PKY, #107
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 E STATES

DT

03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date