


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT# H52841 |  |
| 1. Entity Name INTERSTATE FINANCIAL CORPORATION | |

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|---|--|
| Principal Place of Business 222 CARPENTERS WAY LAKELAND FL 33809 | Mailing Address 1001 CARPENTERS WAY H306 LAKELAND FL 33809 |
|---|--|



| | |
|---|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

2nd MOORE CR2E034 (4/08)

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|---|
| 4. FEI Number 59-2527747 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent STRADER, DANIEL D 1001 CARPENTERS WAY APT H306 LAKELAND FL 33809 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 the applicable (NOTE: Registered Agent signature required when re-appointing) **DATE** _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD STRADER, DANIEL D 1001 CARPENTERS WAY #H306 LAKELAND FL 33809 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 0000000952781 06/05/08-80002-009 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/08

863-853-3816

Date

Telephone