2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

1. Entity Name	# <b>H59350</b> LOAN, INC.					Jan 23, 2004 08:00 AM Secretary of State					
Principal Place	of Busines:	 S	Mailing	Address			_				
523 N.W. 3RE GAINESVILLE		523 N	523 N.W. 3RD AVENUE GAINESVILLE FL 32601								
2. Principal Pla	ace of Busin	3. Maili	3. Mailing Address								
Suite, Apt. #, etc			Suite	Suite, Apt. #, etc.				MOORE CF	R2E034 (	11/03)	_
City & State	•	City -	City & State			4.1	FEI Number 59-2598149		{{·	plied For LApplicat	
Zip	Country		Zip	Zip		ntry	5. Certificate of State			3.75 Add e Required	
	and Address of Curr	ent Registere	d Agent		Name	7. 1	Name and Address of New Regi	istered Ag	ent		
SELWACH, RICHARD						Name					
523 N.W. 3RD AVENUE						Street Addre	ss (P.O. E	Box Number is Not Acceptable)			
GAINESVILLE FL 32601						- ·· -			-		
						City			FL	Zip Code	<b>,</b>
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 _	Signaturo, typod	or printed name of registered a	igent and title if appl	cable (NO	TE Register	ed Agent signature ret	guired whos s	pinstotarg)	DATE		<del></del>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Finand Trust Fund Contribution.</li> </ol>	cing		May Be to Fees
10.	10. OFFICERS AND DIRECTORS						AΘ	! PDITIONS/CHANGES TO OFFICE	ERS AND D	RECTORS	SIN 11
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NAME SELWACH, RICHARD STREET ADDRESS 523 N.W. 3RD AVENUE				<b>.</b>		ME NEET ADDRESS		01/23/04-80062-018 158.75			-
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NAME					NAM					-	
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<u> </u>	ertify that the	e information supplied	with this litting	does not qualify f			n Section	119.07(3)(i), Florida Statutes. I fu	 rther certify	that the in	formation
of the corp changed, c	on this repoi oration or th or on an afti	rt of supplemental repo active elver of trustee e activent with an addre	ort is arbe and a impowered to it iss, with all othi	accurate and that execute this repoi er like empowere	my signa rt as requ d.	ature shall have ired by Chapter	the same 607, Flori	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oath de Statutes, and that my name a	h, that I am ppears in E	an officer Nock 10 or	or director Block 11

**FILED**