


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90196 050 \*\*\*150.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # H99075</b><br>1. Entity Name<br><b>FINANCIAL SOLUTIONS INCORPORATED</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>1061 MAITLAND CTR. COMMONS<br/>STE. 204<br/>MAITLAND, FL 32751 US</b>   |  |  | Mailing Address<br><b>332 FOREST PARK CIRCLE<br/>LONGWOOD, FL 32779</b>   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   |  |  |
| Zip   |  | Country  |   | 4. FEI Number<br><b>59-2645810</b>   |  |
|   |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WILEY, CHARLES E.<br/>332 FOREST PARK CIRCLE<br/>LONGWOOD, FL 32779</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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.<br>SIGNATURE <u>Charles E. Wiley Pres. Charles E. Wiley</u> <span style="float: right;">4/24/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br><b>WILEY, CHARLES E.<br/>332 FOREST PARK CIRCLE<br/>LONGWOOD, FL</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>8368 VIA BELLA NOTTE<br/>ORLANDO, FL 32836</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br><b>WILEY, BARBARA H.<br/>332 FOREST PARK CIRCLE<br/>LONGWOOD, FL</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>8368 VIA BELLA NOTTE<br/>ORLANDO, FL 32836</b> <input checked="" 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 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: <u>Charles E. Wiley Pres. Charles E. Wiley</u> <span style="float: right;">4/24/04 407-640-8383</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |   |  |  |