2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K51098

1. Entity Name
FINANCIAL DIRECTIONS, INC.

Principal Place of Business
2020 WINTER SPRINGS BLVD
OVIEDO, FL 32765   US

Mailing Address
2020 WINTER SPRINGS BLVD
OVIEDO, FL 32765   US

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2917307		Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, CELITA B.
2020 WINTER SPRINGS BLVD
OVIEDO, FL 32765

DO NOT WRITE
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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	DAVIS, CELITA B PRES
STREET ADDRESS	2020 WINTER SPRINGS BLVD
CITY-ST-ZIP	OVEIDO, FL 32765

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000175223
01/10/05-80043-007 150.00

DO NOT WRITE
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: _Celita Davis, Pres._   1/6/05   407-366-7585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #