

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L85840

1. Entity Name
RESOURCES FINANCIAL, INC.



Principal Place of Business.....
4793 FOUNTAINS DRIVE
LAKE WORTH, FL 33467

Mailing Address
33 TOMPKINS ROAD
SCARSDALE, NY 10583



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0215256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOCHMAN, RONALD S.
777 S. FLAGLER DR.
WEST TOWER, SUITE 1002
W. PALM BEACH, FL 33401

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN0000379657
01/10/06-80032-002 150.00

10. OFFICERS AND DIRECTORS

TITLE DVS
NAME SCHAPIRO, RICHARD
STREET ADDRESS 33 TOMPKINS RD
CITY-ST-ZIP SCARSDALE, NY 10583

TITLE D
NAME EPSTEIN, MARILYN
STREET ADDRESS 38 FOREST DR.
CITY-ST-ZIP PLAINVIEW, NY

TITLE D
NAME DIETZ, JUDITH
STREET ADDRESS 203 HIGH GATE RD.
CITY-ST-ZIP ITHACA, NY

TITLE D
NAME SALK, GAIL
STREET ADDRESS 603 ELM ST. EXTENSION
CITY-ST-ZIP ITHACA, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06
Date

(914) 725-6355
Daytime Phone #