

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000067145**

1. Entity Name

**CAPITAL FUNDING ENTERPRISES, INC.**



Principal Place of Business

**8401 9TH ST. NORTH, STE. 350  
ST. PETERSBURG, FL 33702**

Mailing Address

**8401 9TH ST. NORTH, STE. 350  
ST. PETERSBURG, FL 33702**



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3341609**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHECHELE, T.S.  
5625 CENTRAL AVE.  
ST. PETERSBURG, FL 33710**

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOSWORTH, LARRY  
STREET ADDRESS 8401 9TH ST. NORTH, STE. 350  
CITY - ST - ZIP ST. PETERSBURG, FL 33702

TITLE VD  
NAME BOSWORTH, PAUL L  
STREET ADDRESS 8401 9TH ST. NORTH, STE. 350  
CITY - ST - ZIP ST. PETERSBURG, FL 33702

TITLE SD  
NAME BOSWORTH, ELAINE  
STREET ADDRESS 8401 9TH ST. NORTH, STE. 350  
CITY - ST - ZIP ST. PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

U00000164068  
07/07/04-80029-024 150.00

**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)(f), 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:

*Larry J. Bosworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04 727-577-2153

Date

Daytime Phone #