

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091716

FILED
Mar 14, 2005
Secretary of State

Entity Name: I.I.L. FINANCIAL CORPORATION

Current Principal Place of Business:

1185 QUEENS HARBOUR BLVD.
JACKSONVILLE, FL 322254913

New Principal Place of Business:

2651 COUNTRY SIDE DRIVE
ORANGE PARK, FL 32003

Current Mailing Address:

1185 QUEENS HARBOUR BLVD.
JACKSONVILLE, FL 322254913

New Mailing Address:

2651 COUNTRY SIDE DRIVE
ORANGE PARK, FL 32003

FEI Number: 59-3666980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, MICHAEL L
1185 QUEENS HARBOUR BLVD
JACKSONVILLE, FL 322254913 US

Name and Address of New Registered Agent:

CONTE, MICHAEL L
2651 COUNTRY SIDE DRIVE
ORANGE PARK, FL 32003 US

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.

SIGNATURE:

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONTE, MICHAEL L
Address: 1185 QUEENS HARBOUR BLVD
City-St-Zip: JACKSONVILLE, FL 322254913

Title: VP () Delete
Name: CONTE, ROBIN
Address: 1185 QUEENS HARBOUR BLVD
City-St-Zip: JACKSONVILLE, FL 322254913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONTE, MICHAEL L
Address: 2651 COUNTRY SIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: VP (X) Change () Addition
Name: CONTE, ROBIN
Address: 2651 COUNTRY SIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN CONTE

VP

03/14/2005

Electronic Signature of Signing Officer or Director

Date