## FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90227 008 \*\*\*150.00

ANNUAL REPORT								
OOCUMENT # P00427								
Entity Name MERCURY EINANCE COMPANY OF ELORIDA								

1. Entity Name MERCURY FINANCE COMPANY OF FLORIDA							01-30-20	JO4 JUZZ	130	3.00
Principal Place	e of Business	Mailing Addr	ess					0.401	71212	
16355 LAGUNA CANYON RD. IRVINE, CA 92618 US			P.O. BOX 57071 IRVINE, CA 92619			94074343				
2. Principal Pi	ace of Business	3. Mailing Ad	dress							
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #. etc.			04132004	Chg-P	CR2	E034 (10/03)	
City & State		City & State	City & State			4. FEI Numb 36-325			<u> </u>	plied For t Applicable
Zip	Country	Zip		ountry			of Status Desir		\$8.75 Add Fee Required	
	6. Name and Address of Cu	rrent Registered Age	nt	Name of the last o		7. Name and	Address of N	w Registere	d Agent	
CASE, HEATHER 2605 MAITLAND CENTER PKWY., STE. A				Name Street Address (P.O. Box Number is Not Acceptable)						
MAITLAND, FL 32751										
				City	City FL Zip Code					
	named entity submits this statentions of registered agent.  Signature, typed or princed name of registere			stered office or i			th, in the State	of Florida. I a		and accept
FIL After Ma	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$		tion Campaign Fi It Fund Contribution			00 May Be ad to Fees	,			
10.		AND DIRECTORS		11.		ADDITIONS	/CHANGES TO	OFFICERS A	AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRADLEY, CHARLES E 16355 LAGUANA CANYON IRVINE, CA 92618		}	TITLE NAME STREEF ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	TV KENNEALLY, DAVID N 16355 LAGUNA CANYON I IRVINE, CA 92618	(	1	TITLE NAME STREET AODRESS CHY-ST-ZIP	ROC 1635 Ir	Pert E. 55 Logu 11ne, CA	Rieal, na cany 192618	TV von Rod	□ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SV CREATURA, MARK 16355 LAGUNA CANYON I IRVINE, CA 92618	•	]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				TTILE NAME STREET ADORESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
12. I hereby of indicated	certify that the information supplied on this report or supplemental re	ed with this filing does report is true and accura	ot qualify for the te and that my sig	exemption state gnature shall ha	ed in Se	ction 119.07(3) same legal effe	(i), Florida Statu ct as if made ur	ites. I further ider oath; tha	certify that the in	iformation or director