

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90679 042 ***150.00

DOCUMENT # P01000012779

1. Entity Name

MEDFUND FINANCIAL SERVICES, INC.



Principal Place of Business

4432 NW 23RD AVE
STE 4
GAINESVILLE FL 32606

Mailing Address

4432 NW 23RD AVE
STE 4
GAINESVILLE FL 32606

2. Principal Place of Business

4306 SW 94 Drive

Suite, Apt. #, etc.

3. Mailing Address

4306 SW 94 Drive

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip 32608

Country

City & State

Gainesville FL

Zip 32608

Country

4. FEI Number

59-3696675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSEY, MICHAEL D
105 NW 75TH ST., STE. 3
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MICHAEL, MASSEY D
STREET ADDRESS 105 NW 75TH STREET STE 3
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ST ☐ Delete
NAME CATHERINE, MASSEY M
STREET ADDRESS 105 NW 75TH STREET STE 3
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Catherine M. Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

352-331-3343 x12

Date

Daytime Phone #