

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90335 041 ***150.00

DOCUMENT # P01000039582

1. Entity Name
FORTY FOUR FINANCIAL GROUP, INC.



Principal Place of Business
**3300 N. PORT ROYALE DR
#309
FORT LAUDERDALE, FL 33308**

Mailing Address
**3300 N. PORT ROYALE DR
#309
FORT LAUDERDALE, FL 33308**

14014210



2. Principal Place of Business
**2038 Port Malabar Blvd
Suite, Apt. #, etc.**

3. Mailing Address
**P O Box 249
Suite, Apt. #, etc.**

04132004 Chg-P CR2E034 (10/03)

City & State
**Palm Bay FL
Zip 32905**

City & State
**Melbourne FL
Zip 32902**

4. FEI Number
65-1093807

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NICHOL, DAVID M JR
3300 N. PORT ROYALE DR
FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name **Holly D. Nichol**

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

710 Burman Lane NE

City **Palm Bay** **FL** Zip Code **32905**

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

Holly D. Nichol

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **NICHOL, DAVID M JR**
STREET ADDRESS **3300 N. PORT ROYALE DR #309**
CITY - ST - ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
NAME **Holly D. Nichol**
STREET ADDRESS **710 Burman Lane NE**
CITY - ST - ZIP **Palm Bay FL 32905**

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

TITLE ☐ Change ☐ Addition
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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:

Holly D. Nichol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 321-2888337

Date

Daytime Phone #