


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000065091 1. Entity Name PFG RECEIVABLES CORPORATION	
---	---

Principal Place of Business 12500 W. CREEK PKWY. RICHMOND, VA 23238	Mailing Address 12500 W. CREEK PKWY. RICHMOND, VA 23238
---	---



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2042850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000265219 03/16/05-80045-022 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SLEDD, ROBERT C 12500 WEST CREEK PARKWAY RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DUET, NATHAN 12500 WEST CREEK PARKWAY RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUSTIN, JOHN 12500 WEST CREEK PARKWAY RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENDER, JEFFERY W 12500 WEST CREEK PKWY RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVARRIA, EVELYN 12500 WEST CREEK PARKWAY RICHMOND, VA 23238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:  2-22-05 804-4847702
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #