2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000075082 1. Entity Name JFK LENDING, INC.

DO NOT WRITE IN THIS SPACE



Principal Place of Business

7825 N. DALE MABRY STE #106 TAMPA, FL 33614

Mailing Address

7825 N. DALE MABRY STE #106 TAMPA, FL 33614





05032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3734679 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI, FL 33134

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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent an (NOTE Flagistered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SMITH, KENNETH R MME STREST ADDRESS 1301 TIMBER TRACE DRIVE CITY-SI-ZIP WESLEY CHAPEL, FL 33543 U00000155536 TITLE **UTV** US/05/04-80041-024 150.00 MONTANA, JAMES V NAME STREET ADDRESS 19 E LAKE TERRACE LAKE RONKONKEMA, NY 11779 CITY-ST-7/P TITLE SVD REGAN, FRANK J NAME STREET ADDRESS 10717 DALTON AVE DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33615 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 early; 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

SIGNAL OFFICER OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR KENNETH R. SMITH

4-30-04 (813)+77-2176

PD 04# 2798 \$150° 4/30/04