


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90006 036 ***150.00

DOCUMENT # P01000089889 1. Entity Name PROPERTY FUNDING & ACQUISITIONS, INC.					
Principal Place of Business 476 N. FLORIDA CIRCLE APOLLO BEACH, FL 33572			Mailing Address 476 N. FLORIDA CIRCLE APOLLO BEACH, FL 33572		
2. Principal Place of Business 6542 Hwy 41 N		3. Mailing Address 6542 Hwy 41 N.			
Suite, Apt. #, etc. 203A		Suite, Apt. #, etc. 203A			
City & State APOLLO BEACH		City & State APOLLO BEACH			
Zip 33572		Country US		Zip 33572	
Country US		4. FEI Number 59-3743632			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WALE, PAMELA G 476 N. FLORIDA CIRCLE APOLLO BEACH, FL 33572			7. Name and Address of New Registered Agent Name WALE, PAMELA G. Street Address (P.O. Box Number is Not Acceptable) 6520 BIMINI CT. City APOLLO BEACH FL Zip Code 33572		
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 <u><i>Pamela G. Wale</i></u> DATE <u><i>1/9/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WALE, PAMELA G STREET ADDRESS 476 N. FLORIDA CIRCLE CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE P NAME Wale, Pamela G STREET ADDRESS 6520 Bimini Ct. CITY-ST-ZIP APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Pamela G. Wale</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u><i>1/9/04 (813)</i></u> DAYTIME PHONE # <u><i>645-8076</i></u>		