

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90007 030 ***150.00

DOCUMENT # P02000011713 1. Entity Name ANALYTIC FINANCIAL SOLUTIONS, INC.					
Principal Place of Business 2800 SOUTH OCEAN BLVD. SUITE 5-G BOCA RATON, FL 33432			Mailing Address 2800 SOUTH OCEAN BLVD. SUITE 5-G BOCA RATON, FL 33432		
2. Principal Place of Business 425 Sherwood Forest Dr Suite, Apt. #, etc.			3. Mailing Address 425 Sherwood Forest Dr Suite, Apt. #, etc.		
City & State Delray Beach, FL Zip 33445		Country USA		4. FEI Number 01-0604177	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ELSNER, GARY H 2800 SOUTH OCEAN BLVD. SUITE 5-G BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name: GARY H. ELSNER Street Address (P.O. Box Number is Not Acceptable) 425 SHERWOOD FOREST DR City: Delray Beach FL Zip Code: 33445		
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:  DATE: 1/16/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ELSNER, GARY H 2800 SOUTH OCEAN BLVD., 5-G BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO ELSNER, GARY H. 425 SHERWOOD FOREST DR Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO GIBSON, SCOTT R 2800 SOUTH OCEAN BLVD., 5-G BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Gibson, Scott 425 Sherwood Forest Dr Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 			1/16/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50003671



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