



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000026769		
1. Entity Name CONTINENTAL FINANCIAL SYSTEMS, INC.		
Principal Place of Business 3031 MONUMENT RD SUITE 3 JACKSONVILLE, FL 32225	Mailing Address 3031 MONUMENT RD SUITE 3 JACKSONVILLE, FL 32225	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MYFLORIDACORP.COM 8406 PCB PRKWY SUITE L PANAMA CITY BEACH, FL 32407		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STURMS, MICHAEL L 3031 MONUMENT RD SUITE 3 JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PIERCE, WILLIAM E 25 S. 2ND STREET JACKSONVILLE BEACH, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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>William E. Pierce V.P.</u>		2-12-2005 904-318-1783
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
32-0023277

Applied For
Not Applicable

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

1100000232230
02/16/05-80066-005 158.75