2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90078 008 ***150.00

DOCUMENT # P02000042221

1. Entity Name
MONEYWELL FINANCIAL, INC.

Principal Place of Business	Mailing Address
4509 N NEBRASKA AVE TAMPA, FL 33603	~~4509 N NEBRASKA AVE~~ ~~TAMPA, FL 33603~~ 18525 DORM LITHIA FL 33547

400074850

04162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	18525 DORMAN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lithia FL
Zip / Country	Zip: 33547 Country: USA

4. FEI Number: 03-0425908 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BILAR, CHRISTOPHER 4509 N NEBRASKA AVE TAMPA, FL 33603	Name: Chris Bilar Street Address (P.O. Box Number is Not Acceptable): 18525 Dorman RD City: Lithia FL Zip Code: 33547

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: [signature] CHRIS BILAR 4/16/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BILAR, CHRISTOPHER		NAME		
STREET ADDRESS	4509 N NEBRASKA AVE		STREET ADDRESS		
CITY ST ZIP	TAMPA, FL 33603		CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] CHRIS BILAR 4/16/08 813 368-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #