


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000071050	
1. Entity Name NEXITY FINANCIAL SERVICES OF FLORIDA, INC.	

Principal Place of Business 3500 BLUE LAKE DR, STE 330 BIRMINGHAM, AL 35243	Mailing Address 3500 BLUE LAKE DR, STE 330 BIRMINGHAM, AL 35243
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0608492	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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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 *David Long* DATE 3-17-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	U00000121361 04/20/04-80048-020 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONG, DAVID 3500 BLUE LAKE DR, STE 330 BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, GREG L 3500 BLUE LAKE DR, STE 330 BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, JOHN J 3500 BLUE LAKE DR, STE 330 BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David Long* VICE PRESIDENT DATE 3-15-04 DAYTIME PHONE # 205-298-6391

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR