

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000088281**

**1. Entity Name**

**SOUTH ATLANTIC LENDERS (FLORIDA), INC.**



**Principal Place of Business**

**1955 CLIFF VALLEY WAY, SUITE 110  
ATLANTA, GA 30329**

**Mailing Address**

**P.O. BOX 942224  
ATLANTA, GA 31141**



01072004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**02-0638405**

**Applied For**  
**Not Applicable**

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**OSTER, RICHARD  
1000 WEST AVENUE, SUITE 1114  
MIAMI BEACH, FL 33139**

**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**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** DPST  
**NAME** NUNN, TIMOTHY  
**STREET ADDRESS** 1955 CLIFF VALLEY WAY, SUITE 110  
**CITY-ST-ZIP** ATLANTA, GA 30329

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01/13/04-80047-004 150.00

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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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Timothy Nunn*

1/7/04

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