

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 044 ***150.00

DOCUMENT # P02000101285



1. Entity Name
STINCHCOMB FINANCIAL MANAGEMENT, INC.

Principal Place of Business
**1 FLORIDA PARK DRIVE SOUTH STE 215
PALM COAST, FL 32137**

Mailing Address
**1 FLORIDA PARK DRIVE SOUTH STE 215
PALM COAST, FL 32137**

2. Principal Place of Business
above

3. Mailing Address
above

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

04052004 Chg-P CR2E034 (10/03)

4. FEI Number
11-3643545

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STINCHCOMB, JAMES W
1 FLA PARK DRIVE SOUTH STE 215
PALM COAST, FL 3237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

James W. Stinchcomb

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/04

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
STINCHCOMB, JAMES W
23 CARLSON LANE
PALM COAST, FL 32137**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

James W. Stinchcomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (386) 246-4010

Date

Daytime Phone #