

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102283

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: MTR FINANCIAL SERVICES INC.,

## Current Principal Place of Business:

115 WATERWAY LANE  
VERO BEACH, FL 329633879 US

## New Principal Place of Business:

## Current Mailing Address:

115 WATERWAY LANE  
VERO BEACH, FL 329633879 US

## New Mailing Address:

FEI Number: 56-2295380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAY, MICHAEL T  
115 WATERWAY LANE  
VERO BEACH, FL 329633879 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RAY, MICHAEL  
Address: 115 WATERWAY LN  
City-St-Zip: VERO BEACH, FL 32963

Title: VPD ( ) Delete  
Name: RAY, ANN  
Address: 115 WATERWAY LN  
City-St-Zip: VERO BEACH, FL 32963

Title: SD ( ) Delete  
Name: CUASE, JEAN  
Address: 115 WATERWAY LN  
City-St-Zip: VERO BEACH, FL 32963

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: CHASE, JEAN  
Address: 115 WATERWAY LN  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL RAY

PD

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date