

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104559

1. Entity Name
S R C LENDING & INVESTMENT, INC.



Principal Place of Business
**3272 FALCON POINT DRIVE
KISSIMMEE, FL 34741**

Mailing Address
**3272 FALCON POINT DRIVE
KISSIMMEE, FL 34741**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1660348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIN-HENRY, SUBRENA M
3272 FALCON POINT DRIVE
KISSIMMEE, FL 34741**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CHIN-HENRY, SUBRENA M**
STREET ADDRESS **3272 FALCON POINT DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **V**
NAME **CHIN, DEOKUMERIE**
STREET ADDRESS **3272 FALCON POINT DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **V**
NAME **HENRY, KEITH**
STREET ADDRESS **3272 FALCON POINT DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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09/02/04-80004-024 150.00

**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)(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:

Keith Henry
Keith Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/04
Date

407-931-1588
Daytime Phone #