


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90117 040 ***150.00

DOCUMENT # P02000112411 1. Entity Name THE EXCHANGE FINANCIAL SERVICES GROUP, INC.					
Principal Place of Business 7 JOHNSON STREET OLD BRIDGE, NJ 08857 US			Mailing Address 7 JOHNSON STREET OLD BRIDGE, NJ 08857		
2. Principal Place of Business P.O. Box 793 Suite, Apt. #, etc.			3. Mailing Address P.O. Box 793 Suite, Apt. #, etc.		
City & State Old Bridge NJ Zip Country 08857 US			City & State Old Bridge NJ Zip Country 08857 US		
4. FEI Number NOT APPLICABLE			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04302004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent HARDY, LAVARN 4015 GREYSTONE DRIVE CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name Lavarn Hardy Street Address (P.O. Box Number is Not Acceptable) 1353 Bridge Hill Lane City Clermont FL Zip Code 34711		
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 <u><i>Lavarn Hardy</i></u> / President DATE <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, LAVARN 7 JOHNSON STREET OLD BRIDGE, NJ 08857	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lavarn Hardy P.O. Box 793 Old Bridge NJ 08857	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDY, MELISSA A 7 JOHNSON STREET OLD BRIDGE, NJ 08857	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Melissa Hardy P.O. Box 793 Old Bridge NJ 08857	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HARDY, DOROTHY A 24 HUMBOLDT STREET BROOKLYN, NY 11206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACEY, DAWN PMB 111, 106 GAUSE BLVD W STE 4 SLIDELL, LA 70460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Lavarn Hardy</i></u> / President			4/30/04 686-320-2201		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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