

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91038 003 ***150.00

DOCUMENT # P03000009202 1. Entity Name NEIGHBORHOOD FUNDING, INC.					
Principal Place of Business 1621 N. TAMiami TRAIL, #3 N. FORT MYERS, FL 33917			Mailing Address 1621 N. TAMiami TRAIL, #3 N. FORT MYERS, FL 33917		
2. Principal Place of Business 3830 Evans Ave		3. Mailing Address 3830 Evans Ave			
Suite, Apt. #, etc. Ste. 1-A		Suite, Apt. #, etc. Ste. 1-A			
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number APPLIED FOR 04-3745772	
Zip 33901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHLGRIM, JAMIE 1621 N. TAMiami TRAIL, #3 N. FORT MYERS, FL 33917				7. Name and Address of New Registered Agent Name Deborah Conard Street Address (P.O. Box Number is Not Acceptable) 1537 SW 52nd Lane City Cape Coral FL Zip Code 33914	
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 Deborah Conard 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHLGRIM, JAMIE 1621 N. TAMiami TRAIL, #3 N. FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deborah Ahlgrim 11396 W. Ridge Rd. Elyria, OH 44035	
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	
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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: Deborah Ahlgrim <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/04 440-326-180 <small>Date Daytime Phone #</small>		