2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000016687 03-15-2004 90088 019 ***158.75 EWING LOAN ADVISORS, INC. Mailing Address Principal Place of Business **50 N. LAURA STREET** 50 N. LAURA STREET STE. 3625 STE, 3625 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03102004 Chg-P CR2E034 (10/03) City & State Applied For City & State 1-2136873 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUNLAP, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 50 N. LAURA STREET STE. 3625 JACKSONVILLE, FL 32202 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE DUNLAP, ROBERT B NAME NAME STREET ADDRESS 50 N. LAURA STREET, STE. 3625 STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition S/D Delete TITLE TITLE JACKSON, DAVID W JR. NAME NAME STREET ADDRESS 200 S. TRYON STREET, STE. 700 STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28202 CITY-ST-ZIP ☐ Addition Change X Delete TITLE WALLACE, MICHAEL C NAME NAME 3652 S. THIRD STREET, STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE TRAVIS, FORREST NAME NAME 3652 S. THIRD STREET, STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 ☐ Change Addition Delete TITLE LUDLOW, RICHARD S NAME STREET ADDRESS 50 N. LAURA STREET, STE. 3625 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32202 ☐ Change Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered. and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Mar 15, 2004 8:00 am

Daytime Phone #