

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90217 019 ***158.75

DOCUMENT # P03000030457

1. Entity Name
FLORIDA MONEY TREE.COM INC.



Principal Place of Business
**243 W. MAIN STREET
APOPKA, FL 32712 US**

Mailing Address
**243 W. MAIN STREET
APOPKA, FL 32712 US**



2. Principal Place of Business
130 N. PARK AVE.
Suite, Apt. #, etc.

3. Mailing Address
130 N. PARK AVE.
Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State
APOPKA, FL.
Zip
32703 Country
USA

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APOPKA, FL.
Zip
32703 Country
USA

4. FFL Number
56-2328470 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, REBECCA L
243 W. MAIN STREET
APOPKA, FL 32712**

7. Name and Address of New Registered Agent

Name
Rebecca L. Roberts
Street Address (P.O. Box Number is Not Acceptable)
130 N. PARK AVE.
APOPKA
City
FL Zip Code
32703

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	ROBERTS, REBECCA L	<input checked="" type="checkbox"/> Delete
NAME		243 W. MAIN STREET	
STREET ADDRESS		APOPKA, FL 32712	
CITY-ST-ZIP			
TITLE	S	ROBERTS, REBECCA L	<input checked="" type="checkbox"/> Delete
NAME		243 W. MAIN STREET	
STREET ADDRESS		APOPKA, FL 32712	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Roberts, Rebecca L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		130 N. PARK AVE.	
STREET ADDRESS		APOPKA, FL. 32703	
CITY-ST-ZIP			
TITLE	S	Roberts, Rebecca L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		130 N. PARK AVE.	
STREET ADDRESS		APOPKA, FL. 32703	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca L. Roberts

4-19-04 407-814-0025