


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90045 037 ***158.75

DOCUMENT # P03000034375

1. Entity Name
NATIONAL EDUCATION FINANCE BUREAU, INC.



Principal Place of Business Mailing Address

~~8880 58 ST N.~~ ~~8880 58 ST N.~~
~~PINELLAS PARK, FL 33777~~ ~~PINELLAS PARK, FL 33777~~

54019914



2. Principal Place of Business 3. Mailing Address

11100 66TH ST. N. **P.O. BOX 10098**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#27

03082004 Chg-P CR2E034 (10/03)

City & State City & State

LARGO, FL **LARGO, FL**

Zip Country Zip Country

33773 **PINELLAS** **33773** **PINELLAS**

4. FEI Number Applied For

20-0026741 Not Applicable

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

6. Name and Address of Current Registered Agent

STOTT, JAMES A
~~8880 58 ST N.~~
~~PINELLAS PARK, FL 33777~~

7. Name and Address of New Registered Agent

Name

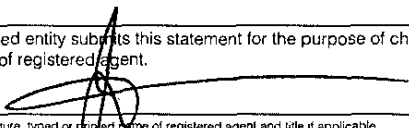
Street Address (P.O. Box Number is Not Acceptable)

5616 87TH AVE, N.

City State Zip Code

PINELLAS PARK FL 33782

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:  DATE: **3-15-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STOTT, JAMES A	8880 58 ST N.	PINELLAS PARK, FL 33777	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5616 87TH AVE. N.	PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CEO	13210 86TH AVE. N.	SEMINOLE, FL 33776	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VICE PRESIDENT	3916 BELMOOR DRIVE	PALM HARBOR, FL 34685	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: **3-15-04** DAYTIME PHONE #: **727-546-2295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR