

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90015 031 ***150.00

DOCUMENT # P03000034576

1. Entity Name

DIVERSIFIED FINANCE GROUP, INC.



Principal Place of Business

9011 PARK BLVD SUITE 209
SEMINOLE FL 33777

Mailing Address

9011 PARK BLVD SUITE 209
SEMINOLE FL 33777

24082520



MOORE

CR2E034 (4/04)

2. Principal Place of Business

9011 Park Blvd.

Suite, Apt. #, etc.

#209

City & State

Seminole, FL

Zip

33777

Country

USA

3. Mailing Address

9011 Park Blvd.

Suite, Apt. #, etc.

#209

City & State

Seminole, FL

Zip

33777

Country

USA

4. FEI Number

01-0774369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWE, JAMES C ESQ
100 2ND AVENUE SOUTH SUITE 1201S
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
NAME **Anthony Lo Schiavo**
STREET ADDRESS **9011 Park Blvd. Suite #209**
CITY-ST-ZIP **Seminole, FL 33777**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/26/04

Attachment
03000034576 8/25/04
841062520

To whom it may concern:

No notice of this fee for an
annual report was given to
Diversified Finance Group Inc. A
check for \$150. ⁰⁰ is enclosed.

Thank you.
ph # 866-397-1450
FAX # 727-397-2618