

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90176 037 \*\*\*150.00

**DOCUMENT # P03000065305**

1. Entity Name  
**CARSYN FINANCIAL GROUP, INC.**



Principal Place of Business  
**1991 MAIN STREET SUITE 283  
SARASOTA, FL 34236**

Mailing Address  
**1991 MAIN ST  
BOX 183  
SARASOTA, FL 34236**

**50044506**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**55-0835379**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAND, STEVEN C Box  
1991 MAIN STREET-SUITE 183  
SARASOTA, FL 34236**

Name  
**Band, Steven C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1991 Main Street  
Box 183**  
City **Sarasota** **FL** Zip Code **34236**

8. The above named entry 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

**Steven C. Band**

**4/12/05**  
DATE

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Delete  
NAME **BAND, DAVID S**  
STREET ADDRESS **240 SOUTH PINEAPPLE AVENUE 10TH FLOOR**  
CITY-ST-ZIP **SARASOTA, FL 34236**

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

TITLE **DPS** ☐ Delete  
NAME **BAND, STEVEN C Box**  
STREET ADDRESS **1991 MAIN STREET-SUITE 183**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **DPS** ☒ Change ☐ Addition  
NAME **Band, Steven C.**  
STREET ADDRESS **1991 Main Street, Box 183**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **DT** ☐ Delete  
NAME **LANDSMAN, GARY Box**  
STREET ADDRESS **1991 MAIN STREET-SUITE 183**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **1991 Main Street, Box 183**  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

**Steven C. Band, Director**

**4/12/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #