

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90275 022 \*\*\*150.00

<b>DOCUMENT # P03000102105</b> 1. Entity Name <b>MAVEN FUNDING, INC.</b>			
Principal Place of Business <b>6643 LOUISE COVE DR</b> <b>WINDERMERE, FL 34786</b>		Mailing Address <b>6043 LOUISE COVE DR</b> <b>WINDERMERE, FL 34786</b>	
2. Principal Place of Business <b>6651 VINELAND RD</b> Suite, Apt. #, etc. <b>SUITE 170</b>		3. Mailing Address <b>6651 VINELAND RD</b> Suite, Apt. #, etc. <b>SUITE 170</b>	
City & State <b>ORLANDO</b>		City & State <b>ORLANDO</b>	
Zip <b>32819</b> Country <b>ORANGE</b>		Zip <b>32819</b> Country <b>ORANGE</b>	
6. Name and Address of Current Registered Agent <b>EDEN, JENNIFER S</b> <b>390 N ORANGE AVE</b> <b>SUITE 600</b> <b>ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <i>Jennifer Eden</i> DATE: <b>4/7/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LALLY, JASVINDER S 6043 LOUISE COVE DR WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORREGGINE, PAUL N 14202 ISLAMORADA DR ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Paul N Borreggine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4/6/04</b> 407-362-7323 <small>Daytime Phone #</small>	

**66421776**



04072004 Chg-P CR2E034 (10/03)

4. FEI Number **113706201** Applied For ☐ Not Applicable ☒

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