

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078638

FILED
Jan 05, 2005
Secretary of State

Entity Name: MEDICI FINANCIAL CORPORATION

Current Principal Place of Business:

4102 SW DANIFF STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4102 SW DANIFF STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-1126127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, TERRY
4102 SW DANIFF STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: ANDERSON, TERRY
Address: 4102 SW DANIFF STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: ECONOMIDES, CHRISTOPHER
Address: 2311 TIGERTAIL COURT
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: HINDS, RONALD
Address: 10 EDGEWATER DRIVE (LANAI SOUTH)
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: YATES, BASIL
Address: 950 HUNTING LODGE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP,S () Delete
Name: CARLSON, RUTH
Address: 955 HUNTING LODGE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: ANDERSON, TERRY
Address: 4102 SW DANIFF STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARLSON, RUTH
Address: PO BOX 1558
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY ANDERSON

P,S

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date