

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080804

Entity Name: MILITARY FINANCE COMPANY

FILED  
Jul 08, 2005  
Secretary of State

## Current Principal Place of Business:

6232 E HWY 98  
PANAMA CITY, FL 32404

## New Principal Place of Business:

## Current Mailing Address:

6232 E HWY 98  
PANAMA CITY, FL 32404

## New Mailing Address:

FEI Number: 20-1181321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JESTICE, SCOTT M  
3201 BOB JONES DR  
LYNN HAVEN, FL 32444 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JESTICE, SCOTT M  
Address: 3201 BOB JONES DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: HAMPTON, JOHN L  
Address: 3240 COUNTRY CLUB DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Change (X) Addition  
Name: DYE, CRAIG E  
Address: 3208 AZALEA CIRCLE  
City-St-Zip: LYNN HAVEN, FL 32444

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: SCOTT M. JESTICE

P

07/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date