


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 20, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P04229</b><br>1. Entity Name<br><b>SECURITY FUNDING CORPORATION</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>314 HAWTHORNE HILLS PLACE, #101<br/>ORLANDO, FL 32835 US</b> | Mailing Address<br><b>P.O. BOX 585087<br/>ORLANDO, FL 32858-5087</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

|                                    |                                       |
|------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>36-2425375</b> | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired   | <b>\$8.75 Additional Fee Required</b> |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STIFF, GEOFFREY S<br>25716 SE 32ND PLACE<br>USSAQUAH, WA 98027                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>JOPPA, GLENN<br>9650 WILD OAK DRIVE<br>WINDERMERE, FL 34786                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVC<br>STONESIFER, TIMOTHY C<br>5137 SUN PALM DRIVE<br>WINDERMERE, FL 34786         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FETTERHOFT, WREN L<br>314 HAWTHORNE HILLS PLACE, APT 101<br>ORLANDO, FL 32835 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPC<br>MARINELLO, KATHRYN<br>200 N MARTINGALE RD<br>SCHAUMBURG, IL 60173            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

000000008254  
01/20/04-80057-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Wren L Fetterhoff 1/20/04 407-313-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #