2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 04, 2004 08:00 AM DOCUMENT # P37264 - · **Secretary of State** 1. Entity Name SOUTH STREET FINANCIAL CORP. Principal Place of Business Mailing Address POST OFFICE BOX 296 CONVENT STATION NJ 07961 POST OFFICE BOX 296 CONVENT STATION NJ 07961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 22-2940195 Not Applicable Ziρ Country Žιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GOODWIN LINDA** Street Address (P.O. Box Number is Not Acceptable) % GOODWIN REALTY & ASSOCIATES 931 WEST OAK ST., SUITE 100 KISSIMMEE FL 34741 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. 11. Change TITLE Delete TITLE ☐ Addition U00000034823 HAYNES, A. J. NAME NAME 02/05/04-80098-015 150.00 STREET ADDRESS P. O. BOX 296 N/A STREET ADDRESS CITY - ST-ZIP CONVENT STATION NJ CITY-ST-ZIP ST Delete TITLE TITLE Change Addition HAYNES, A. J. NAME NAME STREET ADDRESS P. O. BOX 296 N/A STREET ADDRESS CITY-ST-ZIP CONVENT STATION NJ CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Defete TITE F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THIE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 adoptions, with all other like empowered.

FILED