


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000005701	
1. Entity Name FAMILY FINANCE, INC.	

Principal Place of Business 13815 LAKE VILLAGE PLACE TAMPA, FL 33604 US	Mailing Address PO BOX 9383 TAMPA, FL 33674 US
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3153612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRAMER, NANCY
6201 N. NEBRASKA AVE.
TAMPA, FL 33604**

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 *Nancy H Cramer* DATE *2-1-2004*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000036086 02/06/04-80044-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CRAMER, CINTHIA 6201 N. NEBRASKA AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CRAMER, TERRANCE JR 6201 NEBRASKA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CRAMER, TERRANCE SR 6201 N. NEBRASKA AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BACKSTROM, RUSSELL 6201 N. NEBRASKA AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BACKSTROM, CANDICE 6201 N. NEBRASKA AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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)(f), 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: *Nancy H Cramer* *2-1-2004* *8139613318*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #