

2004 FOR PROFIT CORPORATION ANNUAL REPORT

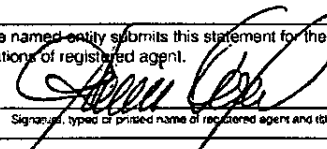
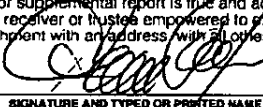
FILED
Mar 12, 2004 8:00 am
Secretary of State

02-23-2004 90030 029 ****50.00
03-12-2004 90014 032 ***100.00

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01282004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000047666			
1. Entity Name CONTINENTAL FUNDING GROUP, INC.			
Principal Place of Business 111 2ND AVE N.E. 704 ST PETERSBURG, FL 33701 US		Mailing Address P.O BOX 531 ST PETERSBURG, FL 33731 US	
2. Principal Place of Business One Progress Plaza Suite, Apt. #, etc. Suite 820		3. Mailing Address PO BOX 531 Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33701	Country USA	Zip 33731	Country USA
4. FEI Number 59-3253701		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, ANTONIO 2000 BRIGHTWATERS BLVD N.E. ST PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Antonio Fernandez 2/9/04 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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ANTONIO 2000 BRIGHTWATERS BLVD NE ST PETERSBURG, FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		Antonio Fernandez 2/9/04 (727) 898-0015 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	