2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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

54017669

01282004 · Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
One Progress Plaza	PO BOX 531
Suite, Apt. #, etc.: Suite 820	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 #