

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91048 015 ***150.00

DOCUMENT # P94000065419

1. Entity Name

RECEIVABLE FUNDING, INC.



Principal Place of Business

15438 N. FLORIDA AVE
104
TAMPA FL 33613

Mailing Address

PO BOX 17135
TAMPA FL 33682

2. Principal Place of Business

16011 NORTH NEBRASKA

3. Mailing Address

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

Zip
33549

Country

HILLSBOROUGH

Zip

Country

4. FEI Number

59-3267209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURLONG, RICHARD
15438 N. FLORIDA AVE
#104
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

16011 NORTH NEBRASKA, #107

City

LUTZ

FL

Zip Code

33549

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

04-22-2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME BYRD, J. WILLIAM
STREET ADDRESS 1478 BRIAR OAKS TRAIL
CITY-ST-ZIP ATLANTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME FURLONG, RICHARD
STREET ADDRESS 1019 GUISSANDO DE AVILA
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD FURLONG

Date

Daytime Phone #

04-22-04 813-287-9996