

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90018 011 ***150.00

DOCUMENT # P95000060046

1. Entity Name

EXPRESS TITLE LOAN, INC.



Principal Place of Business

**2418 N MONROE ST, UNIT #200
TALLAHASSEE FL 32303**

Mailing Address

**P O BOX 37446
TALLAHASSEE FL 32315**

2. Principal Place of Business

3. Mailing Address

8017 Archer Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tall FL

Zip

Country

Zip

Country

32308

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWAN, BONNIE
8017 8247 ARCHER CIRCLE
TALLAHASSEE FL 32308**

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

Bonnie Rowan

2/2/04

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

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 **D** ☒ Delete
NAME **KILGORE, DARLEENE R**
STREET ADDRESS **2504 GOLDEN PARK LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **KS** ☐ Change ☒ Addition
NAME **Ken Stephens**
STREET ADDRESS **1060 Harrell St**
CITY-ST-ZIP **Slocomb, AL 36375**

TITLE **S** ☐ Delete
NAME **ROWAN, BONNIE**
STREET ADDRESS **8247 ARCHER CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **BP** ☒ Change ☐ Addition
NAME **Bonnie Rowan**
STREET ADDRESS **8017 Archer Cir**
CITY-ST-ZIP **Tall FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

Bonnie Rowan **2/2/04** **850 528 1806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #