2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000077954

Entity Name

SUNCHASE FINANCIAL CORPORATION



Principal Place of Business

5015 WEST WATERS AVE

SUITE C

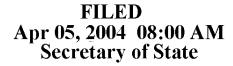
TAMPA, FL 33634 US

Mailing Address

5015 WEST WATERS AVE

SUITE C

TAMPA, FL 33634 US





03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3341456 Applied For Not Applicable

Cardificate of Dark - Dark- A

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

VANLANDINGHAM, JAMES C 8706 CHARMING KNOLL CT. TAMPA, FL 33635

DO NOT WRITE IN THIS SPACE

				IN	I HIS SPACE	
6. The above the obligat	named entity submits this statement for the putions of registered agent.	urpose of changing its regist	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Regist	ered Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing \$5.00 May Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000104227 04/05/04-80083-008 158.75	
10.		OFFICERS AND DIRECTORS _				
title Name Street adoress City-St-Zip	PT VANLANDINGHAM, JAMES C 8706 CHARMING KNOLL CT. TAMPA, FL 33635	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VANLANDINGHAM, NANCY A 8706 CHARMING KNOLL CT. TAMPA, FL 33635			···		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					······	
TITLE			7			

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-7IP

James & Ling College STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-04

113.290.8200

Daytime Phone #