

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000085357

1. Entity Name
21ST CENTURY FINANCIAL, INC.



Principal Place of Business
4441 SE 53RD AVENUE
OCALA, FL 34480 US

Mailing Address
P.O. BOX 830598
OCALA, FL 34483-0598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3342329

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

MCKINNEY, GERALD W
89 N.E. 56 TERR.
OCALA, FL 34470

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

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 P
NAME MCKINNEY, GERALD W
STREET ADDRESS 2631 N.E. 49TH CT.
CITY-ST-ZIP OCALA, FL 34470

Delete

TITLE P
NAME MCKINNEY, GERALD W
STREET ADDRESS 89 NE 56TH TERR.
CITY-ST-ZIP OCALA FL 34471

Change Addition

TITLE S
NAME KOON, TWILA B
STREET ADDRESS 45 TWEAK RUN
CITY-ST-ZIP OCALA, FL 34472

Delete

TITLE S
NAME KOON, TWILA B
STREET ADDRESS 5361 SE 2ND ST
CITY-ST-ZIP OCALA FL 34471

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: TWILA B KON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

352-694-2580

Daytime Phone #

**FILED
Jan 23, 2004 8:00 am
Secretary of State**

01-23-2004 90013 025 ***150.00

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