

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 024 ***150.00

DOCUMENT # P95000088304		
1. Entity Name FINANCIAL GAINS CORPORATION		
Principal Place of Business PMB 337-501 N. ORLANDO AVENUE #313 WINTER PARK, FL 32789-7313	Mailing Address PMB 337-501 N. ORLANDO AVENUE #313 WINTER PARK, FL 32789-7313	

04067284



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3347040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERRARESI, LEO P
501 NORTH ORLANDO AVENUE
SUITE 313-337
WINTER PARK, FL 32789-7313

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	D
NAME	FERRARESI, LEO P
STREET ADDRESS	501 N. Orlando
CITY-ST-ZIP	1051 LEE ROAD #19C 5234 N. Orange Blossom
	ORLANDO, FL 32810 TH. #103 Orlando FL 32810
TITLE	VP
NAME	FERRARESI, RENEE M
STREET ADDRESS	5234 N. Orange Blossom
CITY-ST-ZIP	1051 LEE ROAD #19C Orlando FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Leo P. Ferraresi 3/23/04 1-407-532-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LEO P. FERRARESI