

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

03272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3347040	Applied For <input type="checkbox"/> 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
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**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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRARESI, LEO P 5234 N ORANGE BLOSSOM TRL., #103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FERRARESI, RENEE M 5234 N ORANGE BLOSSOM TRL., #103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/18/05-80091-009 150.00

**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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-28-05 Daytime Phone # _____