


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000000395
1. Entity Name
RESERVE FINANCIAL AGENCY OF FLORIDA, INC.



Principal Place of Business: 37 NORTH ORANGE AVENUE, 500, ORLANDO, FL 32801
Mailing Address: 20006 DETROIT ROAD, SUITE 300, ROCKY RIVER, OH 44116

DO NOT WRITE IN THIS SPACE



07022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0715618 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SITTERSON, CURTIS H
2200 MUSEUM TOWER
150 W. FLAGLER STREET
MIAMI, FL 33130

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	MR.
NAME	BEACH, RICHARD
STREET ADDRESS	19520 STORY ROAD
CITY-ST-ZIP	ROCKY RIVER, OH 44116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000375128
08/01/05-80007-007 550.00

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)(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:  DATE: 7/1/05 DAYTIME PHONE #: 440 333-9686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR