


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90111 030 ***150.00

DOCUMENT # P96000021993 1. Entity Name STATEWIDE LENDERS, INC.	
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Principal Place of Business 2560 ENTERPRISE RD E CLEARWATER, FL 33759	Mailing Address 2560 ENTERPRISE RD E SUITE 5 CLEARWATER, FL 33759
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15011000



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3380133	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 SOUTH, J. TODD 2699 LEE ROAD SUITE 120 WINTER PARK, FL	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNEDY, BRIAN 2560 ENTERPRISE RD E CLEARWATER, FL 33759 <i>2631 McLoemick Dr. S102 Clearwater, FL 33759</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARVIN, TIM 2560 ENTERPRISE RD E CLEARWATER, FL 33759 <i>2631 McLoemick Dr. S102 Clearwater, FL 33759</i>
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 722 797-0300
Date Daytime Phone #