

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000090803	
1. Entity Name ALL TITLE LOAN, INC.	

Principal Place of Business 1726 CAPE CORAL PARKWAY CAPE CORAL, FL 33904	Mailing Address 1726 CAPE CORAL PARKWAY CAPE CORAL, FL 33904
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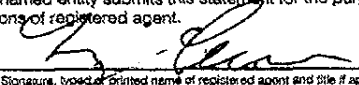
01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0706760	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PUNGLIESE, FRANK E 1728 CAPE CORAL PKWY CAPE CORAL, FL 33904
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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  Signature, typed or printed name of registered agent and title if applicable	DATE 1/28/04 (NOTE: Registered Agent signature required when reinstating)

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	000000017571 01/28/04-80097-024 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLOSE, LARRY D 1728 CAPE CORAL PKWY CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUGLIESE, FRANK 1728 CAPE CORAL WAY CAPE CORAL, FL 33904
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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	DATE 1/28/04 239-549-8851 Date Daytime Phone #