2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 08:00 AM Secretary of State

	ANNUAL REPORT	
DOCUMENT	# P9900079608	

1. Entity Name

FINANCIAL NORTH, INC.

Principal Place of Business

FINANCIAL NORTH, INC. ATTN: CLAUS FESSLER POMPANO REACH EL 33060 Mailing Address

FINANCIAL NORTH, INC. ATTN: CLAUS FESSLER POMPANO BEACH, FL 33060

5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent FESSLER, CLAUS 1000 E ATLANTIC BLVD POMPANO BEACH, FL 33060 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 the obligations of registered agent. SIGNATURE Signature, yood or printed name of registered agent and tills it applicable. (NOTE: Registered Agent signature required when reinstating) DATE PLE NOWING FEE 13 \$150.00 9. Election Campaign Financing \$5.00 May Be	plicable
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0947434 5. Certificate of Status Desired 58.75 Addition Fee Required 6. Name and Address of Current Registered Agent FESSLER, CLAUS 1000 E ATLANTIC BLVD POMPANO BEACH, FL 33060 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 the obligations of registered agent. SIGNATURE Signature, vood or printed name of registered agent and titls it applicable. (NOTE: Registered Agent signature required when refirstating) DATE	plicable
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FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS	
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NAME FESSLER, CLAUS STREET ADDRESS 1000 E ATLANTIC AVENUE	
CITY-ST-7P POMPANO REACH EL 33060	
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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)(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: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.05

(561) 305-3770

Daytime Phone #