

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16029

Entity Name: FTL THRIFT, INC.

FILED
Mar 26, 2004
Secretary of State

Current Principal Place of Business:

38567 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

2744 WEST DAVIE BLVD
FT LAUDERDALE, FL 33312

Current Mailing Address:

38567 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 65-0228819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELOCK, GARY K.
38567 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHEELOCK, GARY K.,
Address: 38567 US HWY. 19 NORTH
City-St-Zip: PALM HARBOR, FL

Title: D () Delete
Name: WHEELOCK, NANCY J.,
Address: 38567 US HWY. 19 NORTH
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY K. WHEELOCK

D

03/26/2004

Electronic Signature of Signing Officer or Director

_____ Date