

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90035 008 ***150.00

DOCUMENT # S30205

1. Entity Name
STATEWIDE FINANCIAL CORPORATION



Principal Place of Business
**7820 S HOLIDAY DR #100
SARASOTA, FL 34231**

Mailing Address
**7820 S HOLIDAY DR #100
SARASOTA, FL 34231**

54023843

2. Principal Place of Business

1800 Second Street

Suite, Apt. #, etc.
Suite 780

City & State
Sarasota, FL

Zip
34236

Country
USA

3. Mailing Address

1800 Second Street

Suite, Apt. #, etc.
Suite 780

City & State
Sarasota FL

Zip
34236

Country
USA

03262004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3048150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VASSALLO, THOMAS M
7820 S HOLIDAY DR #100
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name
Thomas M. Vassallo
Street Address (P.O. Box Number is Not Acceptable)
1800 Second Street
Suite 780
City
Sarasota FL Zip Code
34236

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

Thomas M. Vassallo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/2004

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
VASSOLLO, THOMAS M
STREET ADDRESS
7820 S HOLIDAY DR #100
CITY-ST-ZIP
SARASOTA, FL 34231

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President ☒ Change ☐ Addition
NAME
Thomas M. Vassallo
STREET ADDRESS
1800 Second St. # 780
CITY-ST-ZIP
Sarasota, FL 34236

TITLE
Vice President ☐ Change ☒ Addition
NAME
Robert H. DeVore
STREET ADDRESS
1800 Second St. # 780
CITY-ST-ZIP
Sarasota, FL 34236

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas M. Vassallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

Date

941-951-1525

Daytime Phone *