

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filling Period: January 1 - M FORM MUST BE TYPED OR PRI		; Fee: \$50.00			<u> </u>
. Corporate ID No 130444	2. Name of Corporation Mid-Atlantic Finance Co., Inc.				
Street Address Principal Business	Office		City	State	Zip
15500 Lightwas	e Drive #	201	Clegruater	FL	33760
. Business Phone No.	d	5. State of Incorporation			6. SIC Code
727-535-155 Brief Description of the Character		FLORIDA Phode Island			
TO ACQUIRE AND MA	NAGE LOAN APPLICA	TIONS			
. NAMES AND ADDRESSES	OF THE OFFICERS:	(*X" BOX FOR ATT		PACES BEFORE USING	G ATTACHMENTS
Kevin Hawkins			Vice President Name	H H	
reet Address			Street Address	Tawkins	
15500 Lightware DR # 201			15500 Lightwave Dr. # 201		
Clearvater	State F L	7.ip	City	State	Zip
ecretary Name	1	33760	Clear water		33760
Thomas J.	Schmidt		Thomas J. Schmidt		
Irod Address	10 # 0	learwater	Street Address		
15500 Lightwa	State	F L	15500 Lig	stwave D	
learwater	FL	33760	Clearwater	FL.	33760
. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR A	TACHMENT) FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS
Proctor Name			Director Name		Vice
Kevin Hawkin	5 - Cna	ir man_	Sirver Address	IWKINS - C	Chairman
15500 Lightwa	ue DR#20	0/	15500 Lightwave DR# 201		
Carwater	State	Zip	City	State C	Zip
Viructor Name	J/—	33760	Clearwater	·	33760
			incetor Name		
Street Address			Street Address		
ity	State	Zip	Clty	State	ZIp
				3,111	Σ.φ
0. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
NUTHORIZED SHARES Number of Shares Class/Series Par Value			ISSUED SHARES		
<u> </u>		rar vaiue	Number of Shares	Class/Series	Par Value
110,000 COMM \$.10 PAR V	ALUE		1. 300	Comme	5.10
The					
inis report must be t	signed in ink by eithe	r the President, Vice I	President, Secretary, Assistant	t Secretary, Treasurer, 1	Receiver or Trustee
	. 11 886 11 1 11 88411 81811 811	en arai na m			
	 	III BIBI IBBI	Under penalty of perju	rry. I declare and affirm th	at I have examined this rep
	130444		including tiny accompand the contained herein are tr	anying schedules and state	ements, and that all statement
ile Date	18-05				- in iliala
	6692	F	Signature of Officer	Jack e a	Date
Check No.	72		THOMAS	I Leten in	
y:	<i>LK</i>		Print or Type Name of (Officer	
FOR SECRETARY OF ST	ATE USE ONLY		CFO	J, Jeyon in Officer Secret	ary
		_	Title of Officer	7	Form 630 Rev. 12/03
					TOTAL GOOD NEV. LAUD



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CORPORATION ANNUAL REPORT FOR THE YEAR

2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation Mid-Atlantic Finance Co., Inc. 130444 3. Street Address Principal Business Office State City DR 15500 Lightwave Clearworter 33760 FL 4 Business Phone No. 5. State of Incorporation 6. SIC Code 727-*535-1554* **FLORIDA** 7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE AND MANAGE LOAN APPLICATIONS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Hawkins Hawkins Keun Dwayne Street Address Street Address DR #201 Lightwave 15500 15500 State 33760 legrwoter learwa Secretary Name Treasurer Name T homa humas Street Address Street Address MAGAR 15500 33760 3376 O 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Keuin Street Address City Director Name Street Address Street Address State Zip State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

This report must be signed in ink by either the President. Vice President. Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

1,000

-0-

File Date FILED]			
Check NoAUG 05 2004				
By MYD268				
FOR SECRETARY OF STATE USE ONLY				

100,000 common non voting

Class/Series

voting

Par Value

AUTHORIZED SHARES

10,000 COMM \$.10 PAR VALUE

Number of Shares

	nd affirm that I have examined this report les and statements, and that all statement
Signature of Officer	Sept
THOMES J. Suy	Iner
Print or Type Name of Officer Rule SIAN /	- -
Title of Officer	Form 630 Rev. 12/03

Class'Series

voting

non voting

Par Value

.1000

.1000