

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90004 024 ***158.75

DOCUMENT # P00000068443	
1. Entity Name FIRST MORTGAGE GROUP, INC.	

Principal Place of Business 618 N THORNTON AVE ORLANDO, FL 32803	Mailing Address 618 N THORNTON AVE ORLANDO, FL 32803
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54014327



2. Principal Place of Business 618 N Thornton Ave	3. Mailing Address 618 N Thornton Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

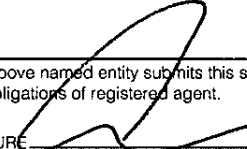
02162004 Chg-P CR2E034 (10/03)

City & State Orlando FL	City & State Orlando FL
Zip 32803	Zip 32803
Country USA	Country USA

4. FEI Number 59-3658904	Applied For ☐ Not Applicable
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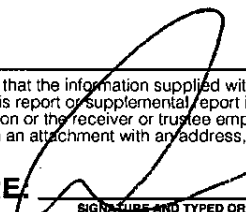
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALLE, ALFRED 618 NORTH THORNTON AVE ORLANDO, FL 32803	
7. Name and Address of New Registered Agent Name Valle, Alfred Street Address (P.O. Box Number is Not Acceptable) 618 North Thornton Avenue City Orlando FL 32803	

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 	DATE 2/18/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP VALLE, ALFRED 201 S LAWSONA BLVD ORLANDO, FL 32803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP Valle, Alfred 13208 March Fern Drive Orlando, FL 32828 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 	DATE 2/18/04 407 420-4700 Daytime Phone #