

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90038 015 ***150.00

DOCUMENT # P03000083685					
1. Entity Name A BETTER WAY MORTGAGE & FINANCIAL SERVICES INC					
Principal Place of Business 803 JENKS AVE SUITE 24 PANAMA CITY, FL 32401			Mailing Address 803 JENKS AVE SUITE 24 PANAMA CITY, FL 32401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DALLAS, BARBARA E 1640 E HAYES ST PENSACOLA, FL 32503				Name <u>Barbara E. Dallas</u> Street Address (P.O. Box Number is Not Acceptable) <u>1025 W 19th St 1B</u> City <u>Panama City</u> FL Zip Code <u>32405</u>	
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 <u>Barbara E. Dallas</u> DATE <u>4/18/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	THOMPSON, ALAN W		NAME	Catherine Thompson	
STREET ADDRESS	233 WOODLAND RD		STREET ADDRESS	5208 Pine Ridge Rd.	
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP	Chipley, FL 32428	2020
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FINLEY, GLEN W JR.		NAME		
STREET ADDRESS	2420 WAKULLA AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VITTORIO, NICHOLAS		NAME		
STREET ADDRESS	72 W. WALNUT ST		STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP		202
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VITTORIO, NICHOLAS		NAME		
STREET ADDRESS	124 E. VIRGINIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP		2020
TITLE	ST	☐ Delete	TITLE	PST	☒ Change ☐ Addition
NAME	DALLAS, BARBARA E		NAME	Barbara E. Dallas	
STREET ADDRESS	1640 E. HAYES ST.		STREET ADDRESS	1025 W. 19th St 1B	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP	Panama City, FL 32405	4020
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Barbara E. Dallas</u>			Date <u>4/19/04</u> 850-522-4078		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

44032086



03092004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0123108 Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required