


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000078069 1. Entity Name ACTION MORTGAGE OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 1207 S THOMPSON AVE DELAND, FL 32720	Mailing Address 1207 S THOMPSON AVE DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)


4. FEI Number 59-3529565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, DONALD F
1207 S THOMPSON AVE
DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 4/29/04

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD COOK, DONALD F 427 S CLARA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORELY, JOSEPHINE 1207 S THOMPSON AVE DELAND, FL 32720
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IN THIS SPACE**

04292004
04-29-04 0125-021 150.00

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:  4/29/04 386-256-1826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Doc. No. Phone #