


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F49137</b> 1. Entity Name <b>WELLS FARGO MORTGAGE CORPORATION</b>	
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Principal Place of Business <b>2915 SR 590 STE 21 CLEARWATER, FL 33759 US</b>	Mailing Address <b>2915 SR 590 STE 21 CLEARWATER, FL 33759 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2172785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**QUEEN, GARY F  
2915 SR 590  
STE 21  
CLEARWATER, FL 33759**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000045741 02/11/04-80074-023 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUEEN, GARY F 2915 SR 590, STE 21 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUEEN, FRENCH W JR 2915 SR 590, STE 21 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUEEN, LAWRENCE 2915 SR 590, STE 21 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPT QUEEN, LAWRENCE 2915 SR 59, STE 21 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** French W. Queen Jr. **French W. Queen Jr.** **2/6/04 (727) 796-7123**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #