

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000056173

1. Entity Name  
ACCENT MORTGAGE CORPORATION



Principal Place of Business  
770 COUNTRY CLUB DRIVE  
TITUSVILLE, FL 32780

Mailing Address  
770 COUNTRY CLUB DRIVE  
TITUSVILLE, FL 32780

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3387019

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL J. MARTUCCI  
770 COUNTRY CLUB DR.  
TITUSVILLE, FL 32780

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MARTUCCI, MICHAEL  
STREET ADDRESS 770 COUNTRY CLUB DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE VP  
NAME SANDRA MANCE  
STREET ADDRESS 770 COUNTRY CLUB DR.  
CITY-ST-ZIP TITUSVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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02/16/06-80038-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-06 321-268-0868