


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002851	
1. Entity Name PROFESSIONAL MORTGAGE BANKERS CORP.	

Principal Place of Business 400 POST AVE. WESTBURY, NY 11590	Mailing Address 400 POST AVE. WESTBURY, NY 11590
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2990329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811**

**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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELLEN, NORMAN I
STREET ADDRESS	400 POST AVE.
CITY - ST - ZIP	WESTBURY, NY 11590
TITLE	S
NAME	WELLEN, JANICE K
STREET ADDRESS	400 POST AVE.
CITY - ST - ZIP	WESTBURY, NY 11590
TITLE	T
NAME	FIGLIA, DONNA M
STREET ADDRESS	400 POST AVE.
CITY - ST - ZIP	WESTBURY, NY 11590
TITLE	V
NAME	WELLEN, JUSTIN H
STREET ADDRESS	400 POST AVE
CITY - ST - ZIP	WESTBURY, NY 11590
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
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)(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: Norman I. Wellen 7/26/04 516-333-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #