

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000003162

1. Entity Name
ABO MORTGAGE CORPORATION



Principal Place of Business
5700 DEMOCRACY DRIVE
PLANO, TX 75024

Mailing Address
5700 DEMOCRACY DRIVE
SUITE 1000
PLANO, TX 75024-7126

DO NOT WRITE IN THIS SPACE

**FILED
Mar 16, 2004 8:00 am
Secretary of State**

03-16-2004 90037 038 ***150.00



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2916986	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 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: PST
NAME: BLOOM, DANIEL 5700 Democracy Drive
STREET ADDRESS: 14100 DALLAS PARKWAY SUITE 504
CITY-ST-ZIP: DALLAS, TX 75254

TITLE: CD
NAME: BLOOM, DANIEL 5700 Democracy Drive
STREET ADDRESS: 14100 DALLAS PARKWAY SUITE 504
CITY-ST-ZIP: DALLAS, TX 75254

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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:

Daniel Bloom, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04 972-312-9540

Date

Daytime Phone #