

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90001 015 ***150.00

DOCUMENT # F01000004738

1. Entity Name

AMERICAN MORTGAGE EXPRESS FINANCIAL CORP.



Principal Place of Business

3570 CAMINO DEL RIO NORTH
SUITE 300
SAN DIEGO CA 92108

Mailing Address

3570 CAMINO DEL RIO NORTH
SUITE 300
SAN DIEGO CA 92108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-0972190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEXTER, GREGORY
825 S OSPREY AVE
#208
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
CSC Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes Street

City

Tallahassee

FL

Zip Code
32301

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

Karin L. Dunn **Karin L. Dunn, Authorized Rep 2/2/04**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	DUNHAM, JUDITH A	
STREET ADDRESS	3570 CAMINO DEL RIO NORTH SUITE 300	
CITY-ST-ZIP	SAN DIEGO CA 92108	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DUNHAM, LINDA K	
STREET ADDRESS	3570 CAMINO DEL RIO NORTH SUITE 300	
CITY-ST-ZIP	SAN DIEGO CA 92108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith A. Dunham **Judith A. Dunham**

Date

2/2/04

619.521.3000

Daytime Phone #