


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005238	
--------------------------------	---

1. Entity Name
BAYVIEW MORTGAGE OF ORLANDO, INC.

Principal Place of Business
122 WEST 2ND ST.
PORT CLINTON, OH 43452

Mailing Address
122 WEST 2ND ST.
PORT CLINTON, OH 43452

DO NOT WRITE IN THIS SPACE



03192003 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1792353	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA AGENT SERVICES, INC.
92 SADBERRY ROAD
QUINCY, FL 32351-0000

**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
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 NAME STREET ADDRESS CITY-ST-ZIP	PC KELLY, THOMAS 122 WEST 2ND ST. PORT CLINTON, OH 43452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELMHURST, WILLIAM T 122 WEST 2ND ST PORT CLINTON, OH 43452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMPSON, JAMES P 122 WEST 2ND ST PORT CLINTON, OH 43452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000161562
05/26/04-80004-006 150.00

**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:

Thomas R Kelly

THOMAS R KELLY

5-25-04 319,812-5004