

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000342

1. Entity Name
ADVOCATE MORTGAGE GROUP, INC.



FILED
04 FEB -5 AM 8:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
16 SOUTH CALVERT ST., SUITE 203
BALTIMORE, MD 21202

Mailing Address
16 SOUTH CALVERT ST., SUITE 203
BALTIMORE, MD 21202



2. Principal Place of Business
720 South Montford Ave.
Suite, Apt. #, etc.
N/A

3. Mailing Address
720 South Montford Ave.
Suite, Apt. #, etc.
N/A

City & State
Baltimore, MD
Zip
21224
Country
U.S.A.

City & State
Baltimore, MD
Zip
21224
Country
U.S.A.

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
52-1992632
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PST			
	KRUEGER, PAUL M	1286 PATAPSCO ROAD	PASADENA, MD 21122	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

PAUL M. KRUEGER

President

Advocate Mortgage Group

1/12/2004 (410) 625-5420