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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000528

1. Entity Name
AMERICAN MORTGAGE CONSULTANTS OF NORTH FLORIDA INC.

Principal Place of Business	Mailing Address
4405 MALL BLVD., STE. 135 UNION CITY, GA 30291	4405 MALL BLVD., STE. 135 UNION CITY, GA 30291

DO NOT WRITE IN THIS SPACE

02102004 No Chg-P (25034 (10/

4. FEI Number
58-2593496

5. Certificate of Status Desired [$8.75 Fee Re

6. Name and Address of Current Registered Agent

SHEFFIELD, J. HOWARD
4209 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32217

DO NOT WR TE IN THIS SPA E

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. am familiar and accept the obligations of registered agent.

SIGNATURE _____ TE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS $106.25
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	PS
NAME	MILLS, JOE
STREET ADDRESS	80 EMERALD DRIVE
CITY-ST-ZIP	NEWNAN, GA 30265
TITLE	VT
NAME	MILLS, ANGELA
STREET ADDRESS	80 EMERALD DRIVE
CITY-ST-ZIP	NEWNAN, GA 30265
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	

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03/26/04-80036-013 150.00

DO NOT WR TE IN THIS SPA E

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 furth certify that t formation 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; I am an off 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 app in Block 1 Block 11 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE: Angela Mills 3/24/04 7703284140
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Telephone Number