

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003439

1. Entity Name
EQUITABLE TRUST MORTGAGE CORPORATION



Principal Place of Business
**5022-D CAMPBELL BLVD.
BALTIMORE, MD 21236**

Mailing Address
**5022-D CAMPBELL BLVD.
BALTIMORE, MD 21236**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2225567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZAYAS, ARSENIO S
12648 VICTORIA PLACE CIR, UNIT 6106
ORLANDO, FL 32828**

**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 NAME STREET ADDRESS CITY - ST - ZIP	PC SAPP, RICHARD H 3014 SUFFOLK LANE FALLSTON, MD 21047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KLUGE, BRENDAN C JR 2408 HADDONHURST CT FALLSTON, MD 21047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAREY, DAVID A 1200 S BOULDIN ST BALTIMORE, MD 21224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVC LUCAS, WILLIAM S 1014 HART RD BALTIMORE, MD 21086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000138989
04/29/04-80101-025 150.00

**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: _____

Richard Sapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD SAPP

4/19/03

Date

Daytime Phone # _____