

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000004123

1. Entity Name  
FORTUNE MORTGAGE COMPANY - MARYLAND



Principal Place of Business  
451 HUNGERFORD DRIVE, SUITE 515  
ROCKVILLE, MD 20850

Mailing Address  
451 HUNGERFORD DRIVE, SUITE 515  
ROCKVILLE, MD 20850



04122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-1705930

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLORIDA COMPLIANCE SPECIALISTS, INC.  
231 HANSON PLACE  
TALLAHASSEE, FL 32301

**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, 2005 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  
PVST  
WANG, JOSEPH  
11642 PARTRIDGE RUN LANE  
POTOMAC, MD 20854

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
WANG, JOSEPH  
11642 PARTRIDGE RUN LANE  
POTOMAC, MD 20854

TITLE  
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CITY - ST - ZIP

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04/15/05-80091-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH WANG 04/12/05 301-309-1888