


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90043 029 ***158.75

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|---|-------------------------------|---------------------------------|--|---|--|
| DOCUMENT # F03000005924 | | | |  | |
| 1. Entity Name ADVENT AMERICA MORTGAGE CORPORATION | | | | | |
| Principal Place of Business 321 N. CENTRAL EXPY #257 MCKINNEY TX 75070 | | | Mailing Address 321 N. CENTRAL EXPY #257 MCKINNEY TX 75070 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 75-2793716 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HILER, THERESA 9932 SAGO POINT DRIVE LARGO FL 33777 | | | Name WILLIAM J. COSTAS Street Address (P.O. Box Number is Not Acceptable) 9932 SAGO POINT DRIVE City LARGO FL Zip Code 33777 | | |
| 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 <u><i>William J. Costas</i></u> PRINCIPLE REPRESENTATIVE 2-24-04 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | CPS | <input type="checkbox"/> Delete | TITLE | DIRECTOR/PRINCIPLE REPRESENTATIVE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COSTAS, TAMMY M | | NAME | WILLIAM J. COSTAS | |
| STREET ADDRESS | 5608 S BRIAR RIDGE CIR | | STREET ADDRESS | 9932 SAGO POINT DRIVE | |
| CITY-ST-ZIP | MCKINNEY TX 75070 | | CITY-ST-ZIP | LARGO, FL 33777 | |
| TITLE | VCVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COSTAS, PETER J | | NAME | | |
| STREET ADDRESS | 5608 S BRIAR RIDGE CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MCKINNEY TX 75070 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: WILLIAM J. COSTAS *William J. Costas* 2-24-04 727-319-2118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #