

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90049 001 ***450.00

DOCUMENT # F51663

1. Entity Name
THE GREATER FLORIDA MORTGAGE COMPANY



Principal Place of Business

**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**

Mailing Address

**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**

66406404



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1059643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STONE, HELEN E
3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**

**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	CPD
NAME	STONE, HELEN E
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	AS
NAME	STEVENS, CHARLES
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VD
NAME	SHAFFER, MARGARET B
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	STD
NAME	CROSBY, SHEILA B
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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: Helen E. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #