



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90129 048 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # F93000002288 | | | |  | |
| 1. Entity Name FREEDOM HOME MORTGAGE CORPORATION | | | | | |
| Principal Place of Business 1000 ATRIUM WAY SUITE 300 MOUNT LAUREL, NJ 08054 | | | Mailing Address 1000 ATRIUM WAY SUITE 300 MT. LAUREL, NJ 08054 | | |
| 2. Principal Place of Business 907 Pleasant Valley Ave Suite, Apt. #, etc. Mt. Laurel, NJ | | 3. Mailing Address 907 Pleasant Valley Ave Suite, Apt. #, etc. Mt. Laurel, NJ | |  | |
| City & State | | City & State | | 02152005 Chg-P CR2E034 (10/03) | |
| Zip Country 08054 | | Zip Country 08054 | | 4. FEI Number 22-3039688 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 NAME STREET ADDRESS CITY - ST - ZIP | P MIDDLEMAN, STANLEY C 1000 ATRIUM WAY, SUITE 300 MT. LAUREL, NJ 08054 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 907 Pleasant Valley Ave Mt. Laurel, NJ 08054 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SV HEFFERON, DANIEL 1000 ATRIUM WAY, SUITE 300 MT. LAUREL, NJ 08054 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 907 Pleasant Valley Ave Mt. Laurel, NJ 08054 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HEFTRON, DANIEL 1000 ATRIUM WAY, SUITE 300 MOUNT LAUREL, NJ 08054 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | HEFFERON, DANIEL 907 Pleasant Valley Ave Mt. Laurel, NJ 08054 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Daniel Hefferon | | | 3-8-2005 856-231-9800 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |
| Daniel Hefferon, VP Secretary | | | | | |