

FEB. 18. 2005 2:57PM Mail 2392839599

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Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90170 001 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000000391		
1. Entity Name EASY ACCESS MORTGAGE CO.		
Principal Place of Business 1510 HANCOCK BRIDGE PARKWAY SUITE 2 CAPE CORAL, FL 33990 US		Mailing Address 1510 HANCOCK BRIDGE PARKWAY SUITE 2 CAPE CORAL, FL 33990 US
2. Principal Place of Business 303 Old Burnt Store Rd.		3. Mailing Address P.O. Box 6
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Cape Coral FL		City & State MATLACHA FL
Zip 33991 Country USA		Zip 33993-0006 Country USA
6. Name and Address of Current Registered Agent WELLS, LANCE H 303 OLD BURNT STORE RD CAPE CORAL, FL 33981		7. Name and Address of New Registered Agent Name Eric S. Graham Street Address (P.O. Box Number is Not Acceptable) 4113 NW 14th St City CAPE CORAL FL Zip Code 33993
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>Eric S. Graham</i></u> DATE <u>2/18/05</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)		
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WELLS, LANCE H 1510-2 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition 303 Old Burnt Store Rd. Cape Coral FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WELLS, VICKIE M 1510-2 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33980 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition 303 Old Burnt Store Rd. Cape Coral FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
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 807, 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: <u><i>Vickie M Wells</i></u> 2/22/05 239-573-7500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

40025007



02082005 Cng-P CR2E034 (10/03)

4. FEI Number
51-0307802 Applied For
☐ Not Applicable

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