

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90284 034 \*\*\*150.00

**DOCUMENT # F94000002110**

1. Entity Name

**ALLIED HOME MORTGAGE CAPITAL CORPORATION**



Principal Place of Business

**6110 PINEMONT  
#215  
HOUSTON TX 77092  
US**

Mailing Address

**PO BOX 924527  
HOUSTON TX 77292-4527  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**76-0340141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

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

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**

**Make Check Payable to Florida Department of State**

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 PD  
NAME HODGE, JIM C  
STREET ADDRESS 6110 PINEMONT DR., SUITE 215  
CITY-ST-ZIP HOUSTON TX 77092 ☐ Delete

TITLE PD  
NAME Jim C. Hodge  
STREET ADDRESS 60 Queen Street  
CITY-ST-ZIP Frederiksted, St. Croix USVI 00840 ☒ Change ☐ Addition

TITLE S  
NAME TAYLOR, MICHELE  
STREET ADDRESS 6110 PINEMONT #215  
CITY-ST-ZIP HOUSTON TX 77092 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EVP  
NAME STELL, JEANNE  
STREET ADDRESS 6110 PINEMONT DR #215  
CITY-ST-ZIP HOUSTON TX 77092-3216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VP  
NAME Don Clapsaddle  
STREET ADDRESS 6110 Pinemont Drive, Suite 215  
CITY-ST-ZIP Houston, TX 77092 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE T  
NAME Michele Taylor  
STREET ADDRESS 6110 Pinemont Drive, Suite 215  
CITY-ST-ZIP Houston, TX 77092 ☐ 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)(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

**JIM C. HODGE**

**04/23/04 713-353-0400**

Date

Daytime Phone #