

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000003442

1. Entity Name
MORTGAGE INVESTORS CORPORATION OF OHIO, INC.



FILED

04 FEB 23 AM 11:15

Principal Place of Business
6090 CENTRAL AVENUE
ST PETERSBURG, FL 33707-1622

Mailing Address
6090 CENTRAL AVENUE
ST PETERSBURG, FL 33707-1622

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-4309406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, WILLIAM
6090 CENTRAL AVENUE
ST PETERSBURG, FL 33707-1622

**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

700029312217
24/04--01047--019 **150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EDWARDS, WILLIAM
STREET ADDRESS	6090 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	S
NAME	SHATZ, JAMES J
STREET ADDRESS	6090 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 337071622
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. SHATZ - Secretary

Date

Daytime Phone #

800-235-2455