


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001443 1. Entity Name OLD DOMINION MORTGAGE CO., INC.	
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Principal Place of Business 132 WEST GREENBROOK ROAD N. CALDWELL, NJ 07006	Mailing Address 132 WEST GREENBROOK ROAD N. CALDWELL, NJ 07006
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COHEN, GERALD 3200 NORTH OCEAN, UNIT D1602 FT. LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE
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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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEDERICK, PHYLLIS 132 WEST GREENBROOK ROAD N. CALDWELL, NJ 07006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEDERICK, WILLIAM L 132 W. GREENBROOK ROAD N. CALDWELL, NJ 07006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

200054011362
05/06/05--01060--008 **550.00

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: *William L Dederick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/05 800.576.2648
Date Daytime Phone #

FILED

05 MAY -6 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3241642	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

5/9/05