


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G47329		
1. Entity Name AMERICAN HERITAGE MORTGAGE CORPORATION		
Principal Place of Business 1230 DOUGLAS AVE STE 200 LONGWOOD, FL 32779	Mailing Address 1230 DOUGLAS AVE STE 200 LONGWOOD, FL 32779	



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2303503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OSWALD, KENNETH F. 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NUNZIATA, SAL ANTHONY 123 DOUGLAS AVE., STE 200 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NUNZIATA, ANTHONY J 1230 DOUGLAS AVE., SUITE 200 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NUNZIATA, SALVATORE JR. 1230 DOUGLAS AVE., SUITE 200 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/12/04-80018-025 150.00

**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)(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: Salvatore Nunziata Jr. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04 407-869-4440
Date Daytime Phone #