


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90192 029 ***150.00

DOCUMENT # J91591 1. Entity Name AMERIVEST MORTGAGE CORP.	
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Principal Place of Business 905 E. JUNEAU STREET TAMPA, FL 33604	Mailing Address 905 E. JUNEAU STREET TAMPA, FL 33604
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2844810	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARGOTTA, JOHN R. 517 W 130TH AVE TAMPA, FL 33604
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	P MARGOTTA, JOHN R. 517 W 130TH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARGOTTA, JOHN J 517 W. 130TH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGOTTA, ROBERT J 6919 N. CLERVIEW AVE TAMPA, FL 33617
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: John R. Margotta Date: 4/23/04 Daytime Phone #: 813-849-0901