

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/9/2005-90032-008-\$150.00-\$150.00
FILED

05 OCT 20 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J94569

1. Entity Name
EMERALD MORTGAGE CORP.



Principal Place of Business

3790 N 28TH TERRACE
HOLLYWOOD, FL 33020 US

Mailing Address

3790 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020 US

DO NOT WRITE IN THIS SPACE

08302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0011940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WELT, WARREN
3790 N 28TH TERRACE
HOLLYWOOD, FL 33020

**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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
WELT, WARREN
3790 N28TH TERRACE
HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELT, JEFFREY L.
3790 N 28TH TERRACE
HOLLYWOOD, FL

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

200061074012
11/01/05--01049--005 **400.00

**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)(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

9/6/05

Date

954-929-8000

Daytime Phone #