


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 014 ***150.00

DOCUMENT # L32101 1. Entity Name AMERICORP FINANCIAL GROUP, INC.			
Principal Place of Business 3100 NW BOCA RATON BLVD SUITE 108 PALM BEACH, FL 33431-6651 US		Mailing Address 3100 NW BOCA RATON BLVD SUITE 108 100 PALM BEACH, FL 33431-6651 US	
2. Principal Place of Business 3100 NW BOCA RATON BLVD.		3. Mailing Address 3100 NW BOCA RATON BLVD.	
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431-6651		Zip 33431-6651	
Country US		Country US	
4. FEI Number 65-0160483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEK, ROBERT C. 3100 NW BOCA RATON BLVD SUITE 108 BOCA RATON, FL 33431-6651		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD PATEK, ROBERT C. 4217 SOUTH OCEAN BOULEVARD HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robert C. Patek, President</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>ROBERT C. PATEK</u>	
Date <u>3/29/04</u>		Daytime Phone # <u>561-368-6616</u>	