

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90040 009 \*\*\*150.00



**DOCUMENT # L49798**  
 1. Entity Name  
**AMERICAN MORTGAGE CO. & ASSOCIATES INC.**

Principal Place of Business      Mailing Address  
**1855 W SR 434**      **1855 W SR 434**  
**273**      **273**  
**LONGWOOD FL 32750**      **LONGWOOD FL 32750**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2995242**       Not Applicable

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



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**BRYANT, PATSY J**  
**233 RIVER VILLAGE DR**  
**DEBARY FL 32713**

7. Name and Address of New Registered Agent  
 Name **PATSY J. BRYANT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1011 ENCOURTE GREEN**  
 City **APOPKA**      FL      Zip Code **32712**

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**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PV BRYANT, PATSY J 233 RIVER VILLAGE DR DEBARY FL 32713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WILLIAMSON, TINA 840 TIMBER CT. APOPKA FL <input type="checkbox"/> Delete
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV BRYANT, PATSY J 1011 ENCOURTE GREEN APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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: *Patsy J Bryant*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4405      407-260-5500  
 Date      Daytime Phone #