

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # M64312

1. Entity Name
BANKERS MORTGAGE FINANCIAL CORPORATION



Principal Place of Business
**5340 N. FEDERAL HWY.
SUITE 201
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**5340 N. FEDERAL HWY.
SUITE 201
LIGHTHOUSE POINT, FL 33064**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0022514** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GANDY, MARSHA L
5340 N. FEDERAL HWY.
SUITE 201
LIGHTHOUSE POINT, FL 33064**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

U000000127216
04/23/04-80064-014 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GANDY, MARSHA L**
STREET ADDRESS **5340 N FEDERAL HWY 201**
CITY - ST - ZIP **LIGHTHOUSE PT, FL**

TITLE
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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 ~~names~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

954-426-2444

Daytime Phone #