

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90248 005 ***150.00

DOCUMENT # P00000010108 1. Entity Name WHOLESALE DIRECT MORTGAGE, INC.					
Principal Place of Business 7300 W. CAMINO REAL SUITE 130 BOCA RATON, FL 33433			Mailing Address 7300 W. CAMINO REAL SUITE 130 BOCA RATON, FL 33433		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0988945	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KACZOR, BILL 10658 WHEELHOUSE CIR BOCA RATON, FL 33433				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 certifies 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 <i>[Signature]</i> President DATE 4/20/05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P ☒ Delete KACZOR, WILLIAM E SR 7300 W. CAMINO REAL, SUITE 130 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PRESIDENT ☒ Change ☐ Addition KACZOR, WILLIAM E 7300 WEST CAMINO REAL, STE 130 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD ☐ Delete KACZOR, WILLIAM E JR 7300 W. CAMINO REAL, STE. 130 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT ☐ Change ☒ Addition COZZI, JEFFREY 7300 WEST CAMINO REAL, STE 130 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/20/05 561-245-1133 Date Daytime Phone #		