## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **& ANNUAL REPORT (AR)** Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # P00000051462 1. Entity Name 02-25-2004 90067 025 \*\*\*150.00 HOMEFREE MORTGAGE CORPORATION Principal Place of Business Mailing Address 3696 ULMERTON ROAD 3696 ULMERTON ROAD 210 CLEARWATER FL 33762 **CLEARWATER FL 33762** 2. Principal Place of Business 3. Mailing Address 2651 ULMERTON 2651 ULMERTO Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3650036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDERHAN, WAYNE D Street Address (P.O. Box Number is Not Acceptable) 3696 ULMERTON ROAD 210 CLEARWATER FL 33762 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 WAYNE D. SCHNCIDERHAN, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition NAME SCHNEIDERHAN, WAYNE D NAME 2651 ULMERTON ROAD STREET ADDRESS STREET ADDRESS 3696 ULMERTON RD-#210 CLEARWATER, FL 3376 CITY-ST-ZIP CLEARWATER FL 33762. CITY-ST-ZIP TITLE ☐ Delete THE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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.

WAYNE D. SCHNEIDERHAN

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**FILED**