


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000053906</b> 1. Entity Name EZ MORTGAGE OF DAYTONA, INC.	
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Principal Place of Business 1501 RIDGEWOOD AVE., STE. 108 HOLLY HILL, FL 32117	Mailing Address 1501 RIDGEWOOD AVE., STE. 108 HOLLY HILL, FL 32117
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3647437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALASSO, SUZANNE C  
1501 RIDGEWOOD AVE., STE. 108  
HOLLY HILL, FL 32117

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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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000129919 04/26/04-80097-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOWITZ, WANDA 1501 RIDGEWOOD AVE., STE. 108 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALASSO, SUZANNE C 1501 RIDGEWOOD AVENUE STE 108 HOLLY HILL, FL 32117
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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:**  **Suzanne C. Galasso** Pres. 4/22/04 386-676-9994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #