2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000057187

1. Entity Name
MAC DADDY MORTGAGE CO., INC.

Principal Place of Business	Mailing Address
5935 TOWER ROAD	5935 TOWER ROAD
LAND O LAKES, FL 34639 US	LAND O LAKES, FL 34639 US

DO NOT WRITE IN THIS SPACE

02062004   No Chg-P   CR2E034 (10/03)

4. FEI Number   Applied For
59-3653520   Not Applicable

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

6. Name and Address of Current Registered Agent

REIBER, JACOB I
26650 STATE ROAD 54
LUTZ, FL 33549

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

02/16/04-80105-003 300.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIN, TAMARA A
STREET ADDRESS	5935 TOWER ROAD
CITY-ST-ZIP	LAND O'LAKES, FL 34639

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: _Tamara A Griffin_   PRESIDENT 2/4/04   (813)929-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #