2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Feb 09, 2004 8:00 am **DOCUMENT # P00000070523** 1. Entity Name Secretary of State ADVANCED MORTGAGE PROFESSIONALS, INC. 02-09-2004 90031 021 ***150.00 Principal Place of Business Mailing Address **4509 BEE RIDGE ROAD** 4509 BEE RIDGE ROAD UNIT E-2 UNIT E-2 SARASOTA, FL 34232 SARASOTA, FL 34232 3. Mailing Address 2. Principal Place of Business-4509 Be Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For 34233 65-1025347 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 4232 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICKMAN & WYCKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) **4909 MANATEE AVENUE WEST** BRADENTON, FL 34209 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TILE CEO Addition Delete ПΠЕ Cook, Jeffery COOK, JEFFREY NAME NAME 7248 Sileewan Dr. 4230 MIDDLESEX PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34241 CITY-ST-ZIP Sara John Fr. 000 TITLE ☐ Change Addition Delete TITLE Quimby Brian 3904-Meadow Creek Dr. NAME QUIMBLY, BRIAN NAME 3904 MEADOW CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP casote FI TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE TITLE ☐ Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tegal effect as it 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.

FILED