

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90041 011 ***150.00

DOCUMENT # P00000086210

1. Entity Name
HOME MORTGAGE COMPANY, INC.



Principal Place of Business
**200 KNUTH ROAD
SUITE 242
BOYNTON BEACH, FL 33436**

Mailing Address
**200 KNUTH ROAD
SUITE 224 A
BOYNTON BEACH, FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

224

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1040632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HABER, STEPHANIE
6155 SHADOWTREE LANE
LAKE WORTH, FL 33462**

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 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 resigning)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
MARCUS, HARVEY I
PARK 80 WEST PLAZA TWO. SUTE 200
SADDLE BROOK, NJ 07663**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HABER, STEPHANIE M
6155 SHADOWTREE LANE
LAKE WORTH, FL 33463**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ 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:

Stephanie M Haber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

5617315330

Date

Daytime Phone #