

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000014129

**FILED**  
**Mar 10, 2004**  
**Secretary of State**

**Entity Name:** NO POINTS MORTGAGE LOANS & INVESTMENTS, INCORPORATED

**Current Principal Place of Business:**

2468 STATE ROAD 580  
CLEARWATER, FL 33761

**New Principal Place of Business:**

26234 US 19 NORTH  
CLEARWATER, FL 33761

**Current Mailing Address:**

2468 STATE ROAD 580  
CLEARWATER, FL 33761

**New Mailing Address:**

26234 US 19 NORTH  
CLEARWATER, FL 33761

**FEI Number:** 59-3699079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONNER, JOSHUA  
2821 WILTSHIRE AVE  
PALM HARBOR, FL 34685

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BONNER, CANDY A DP  
Address: 2821 WILTSHIRE AVE  
City-St-Zip: PALM HARBOR, FL 34685 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDY BONNER

MRS

03/10/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date