

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 037 ***150.00

DOCUMENT # P01000022104

1. Entity Name
**FIRST CAPITAL MORTGAGE OF CENTRAL FLORIDA,
INC.**



Principal Place of Business
**320 W. SABAL PLACE
SUITE 100
LONGWOOD, FL 32779**

Mailing Address
**320 W. SABAL PLACE
SUITE 100
LONGWOOD, FL 32779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3709778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEIDAISH, PHILIP F JR
320 W. SABAL PALM PLACE
SUITE 200
LONGWOOD, FL 32779**

Name
Keidaish, Philip F. Jr.
Street Address (P.O. Box Number is Not Acceptable)
320 W. Sabal Palm Place
Suite 300
City
Longwood **FL** Zip Code
32779

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

4/26/04

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEIDAISH, PHILIP F JR
320 W. SABAL PALM PLACE SUITE 200
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Keidaish, Philip, F. Jr.
320 W. Sabal Palm Place, Suite 300
Longwood, FL 32779** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRISON, RODRAN
320 W. SABAL PALM PLACE SUITE 100
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04