

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90010 012 ***150.00

DOCUMENT # P01000024625

1. Entity Name
DT FINANCIAL MORTGAGE CORP.



Principal Place of Business
**10646 CHERRY OAK CR
ORLANDO, FL 32817 US**

Mailing Address
**P.O. BOX 5082
WINTER PARK, FL 32793**

2. Principal Place of Business
4063 N. Goldenrod Road

3. Mailing Address

Suite, Apt. #, etc.
Suite #2

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

Zip
32792

Country
Orange

Zip

Country

09082004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3710471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VARGAS, MARTIN JR.
10646 CHERRY OAK CIRCLE
ORLANDO, FL 32817**

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

9-7-04

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VARGAS, MARTIN JR.
10646 CHERRY OAK CIRCLE
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TIRADO, ISMAEL DIAZ
5705 S. CONWAY ROAD
ORLANDO, FL 32812** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VARGAS, WANDA L
10646 CHERRY OAK CIR
ORLANDO, FL 32817** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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

9-7-04

407 678-7900

Date

Daytime Phone #