

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90029 043 ***150.00

DOCUMENT # P01000038371

1. Entity Name

MIRACLE MORTGAGE OF JACKSONVILLE, INC.



Principal Place of Business

6855 WILSON BLVD., STE. 5
JACKSONVILLE, FL 32210

Mailing Address

6855 WILSON BLVD., STE. 5
JACKSONVILLE, FL 32210

2. Principal Place of Business

6715 Wilson Blvd
Suite, Apt. #, etc.

3. Mailing Address

6715 Wilson Blvd
Suite, Apt. #, etc.



04042004

Chg-P

CR2E034 (10/03)

City & State

JACKSONVILLE, FLA

City & State

JACKSONVILLE, FLA

4. FEI Number

59-3713969

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, ROSETTA
9867 STAPLE INN CT.
JACKSONVILLE, FL 32221

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 reinstating)

DATE

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FITZGERALD, ROSETTA
9867 STAPLE INN CT.
JACKSONVILLE, FL 32221

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/04

904 779 1099