

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90021 013 ***150.00

DOCUMENT # P01000052750

1. Entity Name
US HOME LOAN.COM INC.



Principal Place of Business
**1500 S CHURCH AVE
TAMPA, FL 33629**

Mailing Address
**1500 S CHURCH AVE
TAMPA, FL 33629**

94040838



2. Principal Place of Business
4100 W KENNEDY BLVD.

3. Mailing Address
4100 W KENNEDY BLVD.

Suite, Apt. #, etc.
SUITE 301

Suite, Apt. #, etc.
SUITE 301

02182004 Chg-P CR2E034 (10/03)

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
59-3720305

Applied For
Not Applicable

Zip
33609

Country
U.S.A.

Zip
33609

Country
U.S.A.

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

**TRUELLE, WILLIAM
3914 W. MCKAY AVE.
TAMPA, FL 33609**

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 *William Truelle*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-19-04
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TRUELLE, WILLIAM A**
STREET ADDRESS **3914 W MCKAY AVE**
CITY-ST-ZIP **TAMPA, FL 33609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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: *William Truelle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-04 (813) 254-4000
Date Daytime Phone #