

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088725

FILED  
Jul 12, 2004  
Secretary of State

Entity Name: ATLANTIS MORTGAGE FUNDING CORP

**Current Principal Place of Business:**

10209 DEEPBROOK DR.  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

4842 WEST GANDY BLVD.  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 59-3743712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURGER, GOTTFRIED R  
10209 DEEPBROOK DR.  
RIVERVIEW, FL 33569 US

**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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BURGER, GODDFRIED  
Address: 10209 DEEPBROOK DR.  
City-St-Zip: RIVERVIEW, FL 33569

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

Title: P (X) Change ( ) Addition  
Name: BURGER, GOTTFRIED  
Address: 12618 LAKE HILLS DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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: GOTTFRIED R BURGER

P

07/12/2004

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

\_\_\_\_\_  
Date