

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000011712

1. Entity Name
AMERIWAY MORTGAGE CORP.



Principal Place of Business
**4530 CURRY FORD RD
ORLANDO, FL 32812**

Mailing Address
**5206 SAINT REGIS PL
ORLANDO, FL 32812**



03112003 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0586517

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTELLANOS, ROBERTO
5206 SAINT REGIS PL
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	P CASTELLANOS, MARIA 5206 SAINT REGIS PL ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CASTELLANOS, ROBERTO 5206 SAINT REGIS PL ORLANDO, FL 32812
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05/19/04-80004-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Roberto Castellanos 5/17/04 (407) 381-8093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #