

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90006 036 ***550.00

DOCUMENT # P02000030421

1. Entity Name
HULCE MORTGAGE, INC.



Principal Place of Business
**5159 TAMiami TR NORTH
#302
NAPLES, FL 34103**

Mailing Address
**5159 TAMiami TR NORTH
#302
NAPLES, FL 34103**

44049715



2. Principal Place of Business

3. Mailing Address

5150 Tamiami Tr. North

5150 Tamiami Tr. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

302

City & State

City & State

Naples, FL.

Naples

Zip

Country

Zip

Country

34103

FL USA

34103

FL.

07212004

Chg-P

CR2E034 (10/03)

4. FEI Number **03-0408127**
APPLIED FOR

Applied For
Not Applicable

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

**HULCE, J T
8473 BAY COLONY DR #1701
NAPLES, FL 34108**

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

J. T. Hulce

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

(NOTE: Registered Agent signature required when reinstating)

7/21/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 ☐ Delete
NAME **HULCE, J T**
STREET ADDRESS **8473 BAY COLONY DR #1701**
CITY-ST-ZIP **NAPLES, FL 34108**

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

TITLE ☐ Delete
NAME **HULCE, CAROL**
STREET ADDRESS **8473 BAY COLONY DR #1701**
CITY-ST-ZIP **NAPLES, FL 34108**

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

TITLE ☐ Delete
NAME **HULCE, HILLARY M**
STREET ADDRESS **8473 BAY COLONY DR #1701**
CITY-ST-ZIP **NAPLES, FL 34108**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

J. T. Hulce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04

DATE

**239
261-7325**

Daytime Phone #