

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90093 019 ***150.00

54060334



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0019586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

READ, BARBARA A
2205 N. HERCULES AVE.
% READ BOOKKEEPING & TAX SERVICE, INC.
CLEARWATER, FL 33763

**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 _____

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

(NOTE: Registered Agent signature required when registering)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
STANTON, DAVID D
29443 ALLEGRO DR
WESLEY CHAPEL, FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
STANTON, KIM E
29443 ALLEGRO DR
WESLEY CHAPEL, FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

813-928-7213

Daytime Phone #

Attachment 52060334
Doc. # 02000071595

New Tampa Mortgage Inc.

9340 N. 56th Street, Suite 222C Tampa, Florida 33617
Tel. (813) 988-4489 ♦ Fax (813) 988-4481

July 2, 2004

To whom it may concern:

This letter is in reference to my Annual Report not being received, I apologize, I misplaced it.

I am requesting if you would abate the penalty and accept the \$150. Enclosed you will find the Annual Report with fee.

Thank you


Kim Stanton