

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90044 024 ***150.00

DOCUMENT # P02000092934

1. Entity Name

SRC MORTGAGE, INC.



Principal Place of Business

**2182 SHADYHILL TERRACE
WINTER PARK FL 32792
US**

Mailing Address

**2182 SHADYHILL TERRACE
WINTER PARK FL 32792
US**

02061024



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0639905

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

**MALEKNIA, IRAJ
2182 SHADYHILL TERRACE
WINTER PARK FL 32792**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/02/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

**P
MALEKNIA, IRAJ
2182 SHADYHILL TERRACE
WINTER PARK FL 32792**

TITLE NAME ☐ Delete

**VP
MALEKNIA, CHERYL
2182 SHADYHILL TERRACE
WINTER PARK FL 32792**

TITLE NAME ☐ Delete

~~NAME~~
CITY-ST-ZIP

TITLE NAME ☐ Delete

~~NAME~~
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

~~NAME~~
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

~~NAME~~
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

~~NAME~~
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

~~NAME~~
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

~~NAME~~
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

~~NAME~~
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

IRAJ MALEKNIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/04 407-679-4676

Date

Daytime Phone #