


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000133407 1. Entity Name THE HOME MORTGAGE GROUP OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 2428 CYPRESS TRACE CR. ORLANDO, FL 32825	Mailing Address 2428 CYPRESS TRACE CR. ORLANDO, FL 32825
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1541243	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEROUX, JULISSA N
2428 CYPRESS TRACE CR.
ORLANDO, FL 32825**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD LEROUX, JULISSA N 2428 CYPRESS TRACE CR. ORLANDO, FL 32825
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS SELLES, VICTOR J 2428 CYPRESS TRACE CR. ORLANDO, FL 32825
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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03/21/05-80012-022 150.00

12. I, _____, 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 included 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

Date

Daytime Phone #