



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 044 ***158.75

DOCUMENT # P03000000185 1. Entity Name EASTERN WHOLESALE MORTGAGE CORP.					
Principal Place of Business 11201 122 AVE NORTH #G-176 LARGO, FL 33778			Mailing Address 11201 122 AVE NORTH #G-176 LARGO, FL 33778		
2. Principal Place of Business 4175 EAST BAY DR. Suite, Apt. #, etc. SUITE 260 City & State CLEARWATER, FL Zip 33764		3. Mailing Address 4175 EAST BAY DR. Suite, Apt. #, etc. SUITE 260 City & State CLEARWATER, FL Zip 33764			
City & State CLEARWATER, FL Zip 33764		City & State CLEARWATER, FL Zip 33764		4. FEI Number 05 0547851	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAYTON, STEVEN L 11201 122 AVE NORTH #G-176 LARGO, FL 33778				7. Name and Address of New Registered Agent Name (Same) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERFORD, LISA J 3637 EL CAMINO CT LARGO, FL 33771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERFORD, LISA J 271 OVERBROOK DR. EAST LARGO, FL 33770
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAYTON, STEVEN L 11201 122 AVE NORTH #G-176 LARGO, FL 33778	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAYTON, STEVEN L 11201 122 AVE NORTH #G-176 LARGO, FL 33778	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAYTON, STEVEN L 11201 122 AVE NORTH #G-176 LARGO, FL 33778	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Steven L. Dayton			DATE: 4/19/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 727-535-5445		