

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90004 047 ***150.00

DOCUMENT # P03000002872

1. Entity Name
ALL SUNSHINE MORTGAGE, INC.



Principal Place of Business

~~289 ADDISON DR~~
~~KISSIMMEE, FL 34759-5204~~

Mailing Address

~~289 ADDISON DR~~
~~KISSIMMEE, FL 34759-5204~~

54064354



2. Principal Place of Business

202 Venetian Bay Circle
Suite, Apt. #, etc.

3. Mailing Address

202 Venetian Bay Circle
Suite, Apt. #, etc.

07192004

Chg-P

CR2E034 (10/03)

City & State

Sanford FL

City & State

Sanford FL

4. FEI Number

562311756

Applied For

Not Applied

Zip **32771**

Country **USA**

Zip **FL 32771**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEGILL, NANCY ANNE

~~289 ADDISON DR~~
~~KISSIMMEE, FL 34759-5204~~

202 Venetian Bay Circle
Sanford FL 32771

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 **Nancy Anne Megill**

Signature, typed or printed name of registered agent and (if not applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

☒ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D MEGILL, NANCY ANNE**
STREET ADDRESS ~~289 ADDISON DR~~ **202 Venetian Bay Circle**
CITY-ST-ZIP ~~KISSIMMEE, FL 34759-5204~~ **Sanford FL 32771**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 changed, or on an attachment with an address, with all other like empowered.

Nancy Anne Megill