

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90220 035 \*\*\*150.00

**DOCUMENT # P03000034798**

1. Entity Name  
**MORTGAGES ON THE GO.COM, INC.**



Principal Place of Business  
**9363 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**9363 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US**

**66420374**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEL Number  
**55-0824414**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CIVETTINI, CHRISTINE  
4901 NW 106TH AVENUE  
CORAL SPRINGS, FL 33076**

Name **SAM KRAEMER**

Street Address (P.O. Box Number is Not Acceptable)

**4901 NW 106 Ave**

City **Coral Springs**

FL

Zip Code **33076**

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 **Christine Civettini**

**[Signature]**

**4/20/04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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  
**P  
CIVETTINI, CHRISTINE  
4901 NW 106TH AVENUE  
CORAL SPRINGS, FL 33076**

☐ Delete

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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: **Christine Civettini**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/04**

DATE

**754-755-8423**

Daytime Phone #