


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2004 90045 002 ***150.00

DOCUMENT # P03000038129			
1. Entity Name CUSTOM HOME MORTGAGE, INC.			
Principal Place of Business 366 MASON COURT WINTER SPRINGS, FL 32708		Mailing Address 366 MASON COURT WINTER SPRINGS, FL 32708	
2. Principal Place of Business 801 INTERNATIONAL Parkway		3. Mailing Address 801 INTERNATIONAL Parkway	
Suite, Apt. #, etc. 5th Floor		Suite, Apt. #, etc. 5th Floor	
City & State Lake Mary FL		City & State Lake Mary FL	
Zip 32746	Country USA	Zip 32746	Country USA
6. Name and Address of Current Registered Agent SINIBALDI, MICHAEL J 366 MASON COURT WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Sinibaldi, Michael J Street Address (P.O. Box Number is Not Acceptable) 1554 Westover Loop City Lake Mary FL Zip Code 32746	
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 Michael J Sinibaldi DATE 3/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	P SINIBALDI, MICHAEL J 366 MASON COURT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael J Sinibaldi 1554 Westover Loop Lake Mary FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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03122004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3771262** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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:

Michael J Sinibaldi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04
Date

409-562-1303
Daytime Phone #