

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P03000042744

1. Entity Name  
FOX MORTGAGE COMPANY, INC.



Principal Place of Business  
8721 SW 14TH STREET  
PEMBROKE PINES, FL 33025

Mailing Address  
8721 SW 14TH STREET  
PEMBROKE PINES, FL 33025



**DO NOT WRITE IN THIS SPACE**

03122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1183094

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SEGUINE-JANSEN, DIANE  
8721 SW 14TH STREET  
PEMBROKE PINES, FL 33025

**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

U000000272066  
03/21/05-80075-003 8.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SEGUINE-JANSEN, DIANE
STREET ADDRESS	8721 SW 14TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33025

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000272066  
03/21/05-80075-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/05 (954) 704-2485  
Date Daytime Phone #