

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050913

FILED
Apr 30, 2004
Secretary of State

Entity Name: WHOLESALE MORTGAGE CORPORATION

Current Principal Place of Business:

374 S. ATLANTIC AVENUE
SUITE B-1
ORMOND BEACH, FL 32176

Current Mailing Address:

1792-1002 ROGERO ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

374 S. ATLANTIC AVENUE
SUITE B-1
ORMOND BEACH, FL 32176 US

New Mailing Address:

374 S. ATLANTIC AVE
SUITE B-1
ORMOND BEACH, FL 32176 US

FEI Number: 20-0021858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINEEN, SCOTT M
11213 RIDGETOP LANE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

DINEEN, SCOTT M
374 S. ATLANTIC AVE
STE B-1
ORMOND BEACH, FL 32176 US

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JONES, JENNIFER L
Address: 11213 RIDGETOP LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: DINEEN, SCOTT M
Address: 11213 RIDGETOP LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JONES, JENNIFER L
Address: 374 S. ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: PD (X) Change () Addition
Name: DINEEN, SCOTT M
Address: 374 S. ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M. DINEEN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date