

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90186 030 ***150.00

DOCUMENT # P03000106505

1. Entity Name
SEASIDE HOME MORTGAGE INC.

Principal Place of Business: **1321 N CENTRAL AVE SEBASTIAN FL 32958**
 Mailing Address: **1321 N CENTRAL AVE SEBASTIAN FL 32958**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number: **80-0078295** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
LEQUE, DAWN I
1321 N CENTRAL AVE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
 Name: **LEQUE, DAWN I**
 Street Address (P.O. Box Number is Not Acceptable): **SAME**
 City: **SAME** FL Zip Code: **SAME**

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]* **Dawn I Leque** DATE: **4/22/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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: D	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEQUE, DAWN I		NAME:	
STREET ADDRESS: 5200 94 PLACE		STREET ADDRESS:	
CITY-ST-ZIP: SEBASTIAN FL 32958		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEQUE, WILLIAM D II		NAME:	
STREET ADDRESS: 5200 94 PLACE		STREET ADDRESS:	
CITY-ST-ZIP: SEBASTIAN FL 32958		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **William D. Leque II** DATE: **4/22/04** 321 726 7496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #