


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90069 027 \*\*\*158.75

<b>DOCUMENT # P03000116692</b> 1. Entity Name <b>POPULAR MORTGAGE OF CENTRAL FLORIDA INC.</b>					
Principal Place of Business <b>419 W VINE STREET STE A KISSIMMEE FL 34741</b>			Mailing Address <b>419 W VINE STREET STE A KISSIMMEE FL 34741</b>		
2. Principal Place of Business <b>7802 Kingspoint PKwy.</b>		3. Mailing Address <b>(same)</b>			
Suite, Apt. #, etc. <b># 208 "B"</b>		Suite, Apt. #, etc. 			
City & State <b>Orlando FL.</b>		City & State 			
Zip <b>32819</b>	Country 		Zip 	Country 	
6. Name and Address of Current Registered Agent  <b>VILLAZON, DANIEL 419 W VINE STREET STE A KISSIMMEE FL 34741</b>			7. Name and Address of New Registered Agent Name <b>MARK W. GARRETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1850 Lee Road</b> <b># 210</b> City <b>WINTER PARK</b> <b>FL</b> Zip Code <b>32789</b>		
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 <b>X Mark W. Garrett</b> DATE <b>X 4/27/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE-NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAZON, DANIEL 419 W VINE STREET STE A KISSIMMEE FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD J. ANTONUCCI 7802 Kingspoint PKwy. # 208 "B" Orlando, FL, 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, Sec J. ANTONUCCI 7802 Kingspoint PKwy. #208B Orlando, FL, 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-25-05 407-973-9510**