

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90070 027 ***150.00

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1. Entity Name

PRO MORTGAGE WORKS INC



Principal Place of Business

464 SE 61ST COURT
OCALA FL 34472
US

Mailing Address

464 SE 61ST COURT
OCALA FL 34472
US

34061344



MOORE CR2E034 (11/03)

2. Principal Place of Business

2534 SW 27TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2534 SW 27TH AVENUE

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

41-2113933

Applied For

Not Applicable

Zip

34474

Country

US

Zip

34474

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUZURIAGA, WEBSTER
464 SE 61ST COURT
OCALA FL 34472

7. Name and Address of New Registered Agent

Name
BONNIE S LEDBETTER

Street Address (P.O. Box Number is Not Acceptable)

4 MIDWAY TRACK PLACE

City

OCALA

FL

Zip Code

34472

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LUZURIAGA, WEBSTER
464 SE 61ST COURT
OCALA FL 34472 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VO
WEBSTER LUZURIAGA
4349 SE 18TH PLACE
OCALA, FLORIDA 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.T
BONNIE S LEDBETTER
4 MIDWAY TRACK PLACE
OCALA, FLORIDA 34472 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JORGE J. RUANO
4893 SW 4TH CIRCLE
OCALA, FLORIDA 34471 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Bonnie Spruig Ledbetter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (352)-671-1114

Date

Daytime Phone #