

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90119 012 ***550.00

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| DOCUMENT # P04000029681 | | | | | |
| 1. Entity Name MORTGAGE DEPOT & FINANCE, INC. | | | | | |
| Principal Place of Business 3098 LANDMARK BLVD. SUITE 2101 PALM HARBOR, FL 34684 | | | Mailing Address 3098 LANDMARK BLVD. SUITE 2101 PALM HARBOR, FL 34684 | | |
| 2. Principal Place of Business 470 FOREST PARK RD | | 3. Mailing Address 470 FOREST PARK RD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05022005 Chg-P CR2E034 (10/03) | |
| City & State OLDSMAR, FL | | City & State OLDSMAR, FL | | 4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable | |
| Zip 34677 | | Country PINELLAS | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GUJU LAW GROUP 31564 US 19 N. PALM HARBOR, FL 34684 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when registering.)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME MICHON, FRED P STREET ADDRESS 3098 LANDMARK BLVD. SUITE 3098 CITY - ST - ZIP PALM HARBOR, FL 34684 | <input checked="" type="checkbox"/> Delete | | TITLE P NAME MICHON, FRED P. STREET ADDRESS 80 INGRID PLACE CITY - ST - ZIP OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP, S NAME BIELAK, EDWARD L JR. STREET ADDRESS 3098 LANDMARK BLVD. SUITE 3098 CITY - ST - ZIP PALM HARBOR, FL 34684 | <input checked="" type="checkbox"/> Delete | | TITLE VP, S NAME BIELAK, EDWARD L. JR. STREET ADDRESS 470 FOREST PARK RD. CITY - ST - ZIP OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Edward L. Bielak Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5/01/05 727-5431251 <small>Date Daytime Phone #</small> | | |