


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/12

FILED
Feb 08, 2005 8:00 am
Secretary of State

01-12-2005 90014 029 ***150.00

DOCUMENT # P04000036781							
1. Entity Name WACHOVIA MORTGAGE FUNDING, INC.							
Principal Place of Business 3625 NW 31ST AVE OAKLAND PARK, FL 33309		Mailing Address 3625 NW 31ST AVE OAKLAND PARK, FL 33309					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number y 20-0783069			
Zip		Country		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NATHANSON, ERIC 3625 NW 31ST AVE OAKLAND PARK, FL 33309			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)</small>							
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	President	3625 NW 31st Ave	Oakland Park, FL 33309				
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>E. A. Pigg</i>			Date: 1/6/05		Daytime Phone #: 954-735-4...		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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