

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088240

Entity Name: PCV MORTGAGE CORPORATION

FILED  
May 10, 2005  
Secretary of State

## Current Principal Place of Business:

271 FT SMITH BLVD  
DELTONA, FL 32738

## New Principal Place of Business:

2620 N. WOODLAND BLVD.  
DELAND, FL 32720

## Current Mailing Address:

271 FT SMITH BLVD  
DELTONA, FL 32738

## New Mailing Address:

P.O. BOX 5005  
DELTONA, FL 32728

FEI Number: 20-1129663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OUTZEN-FERRENTINO, PAULA  
271 FT SMITH BLVD  
DELTONA, FL 32738 US

## Name and Address of New Registered Agent:

OUTZEN, PAULA  
2620 N. WOODLAND BLVD.  
DELAND, FL 32720 US

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.

SIGNATURE: PAULA OUTZEN

05/10/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OUTZEN-FERRENTINO, PAULA  
Address: 99 GODDARD DR  
City-St-Zip: DEBARY, FL 32713

Title: D (X) Delete  
Name: FERRENTINO, FRANK  
Address: 1896 ALGONQUIN AVE  
City-St-Zip: DELTONA, FL 32738

Title: D (X) Delete  
Name: FERRENTINO, ANTOINETTE  
Address: P.O.BOX 5261  
City-St-Zip: DELTONA, FL 327285261

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: OUTZEN, PAULA A D  
Address: P.O. BOX 5005  
City-St-Zip: DELTONA, FL 32728

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA OUTZEN

D

05/10/2005

Electronic Signature of Signing Officer or Director

Date