


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90175 019 ***150.00

DOCUMENT # P04000137730
 1. Entity Name
TIMELESS MORTGAGE & FINANCE CORP.



Principal Place of Business
 10404 PIPPIN LANE
 ROYAL PALM BEACH, FL 33411

Mailing Address
 10404 PIPPIN LANE
 ROYAL PALM BEACH, FL 33411

JUU44406



2. Principal Place of Business
224 Datura Street

3. Mailing Address

Suite, Apt. #, etc.
#116

Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State

Zip
33401

Country
USA

Zip

Country

04112005 Chg-P CR2E034 (10/03)

4. FEI Number
201702743

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEPBURN, HELENA Y
 10404 PIPPIN LANE
 ROYAL PALM BEACH, FL 33411

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: *Helena Y. Hepburn* *Helena Y. Hepburn* *04/11/05*

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	P HEPBURN, HELENA Y 10404 PIPPIN LANE ROYAL PALM BEACH, FL 33411 <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	VP NAIRN, SYLEANA P 10404 PIPPIN LANE ROYAL PALM BEACH, FL 33411 <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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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: *Helena Y. Hepburn* *Helena Y. Hepburn* *4/11/05* *561-792-3998*

Signature and typed or printed name of signing officer or director Date Daytime Phone #