


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90021 029 ***150.00

DOCUMENT # P93000051809 1. Entity Name SAMPLE MORTGAGE CORPORATION																																	
Principal Place of Business 429 NE 34TH STREET BOCA RATON, FL 33431 US			Mailing Address 429 NE 34TH STREET BOCA RATON, FL 33431 US																														
2. Principal Place of Business 701 SW 15th Street Suite, Apt. #, etc.		3. Mailing Address 701 SW 15th Street Suite, Apt. #, etc.																															
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-0429448--																													
Zip 33486		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SAMPLE, WILLIAM D 429 NE 34TH STREET BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 SW 15th Street City Boca Raton FL Zip 33486																													
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 <i>William D. Sample</i> William D. Sample <i>01/29/04</i> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>SAMPLE, WILLIAM D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>429 NE 34TH STREET</td> <td></td> </tr> <tr> <td></td> <td></td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table>			TITLE	P	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		SAMPLE, WILLIAM D		CITY-ST-ZIP		429 NE 34TH STREET				BOCA RATON, FL 33431		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>701 SW 15th Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>Boca Raton, FL. 33486</td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		701 SW 15th Street		CITY-ST-ZIP		Boca Raton, FL. 33486	
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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: <i>William D. Sample</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>01/29/04</i> x561-338-7772 <small>Date Daytime Phone #</small>																														