


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 Mailing Address
 429 NE 34TH STREET 429 NE 34TH STREET
 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

2. Principal Place of Business 3. Mailing Address
701 SW 15th Street **701 SW 15th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boca Raton, FL **Boca Raton, FL**

Zip Country Zip Country
33486 **USA** **33486** **USA**

24005772



01272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SAMPLE, WILLIAM D
429 NE 34TH STREET
BOCA RATON, FL 33431

4. FEI Number Applied For
65-0429448-- Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
701 SW 15th Street

City State Zip Code
Boca Raton **FL** **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: *William D. Sample* **William D. Sample** *01/29/04*
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAMPLE, WILLIAM D	
STREET ADDRESS	429 NE 34TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 SW 15th Street	
CITY-ST-ZIP	Boca Raton, FL. 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William D. Sample* *01/29/04* *561-338-7772*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #