

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90012 019 \*\*\*150.00

**DOCUMENT # P94000006535**

1. Entity Name  
AMERICAN MORTGAGE CENTER, INC.



Principal Place of Business  
1900 TAMiami TRAIL  
#C  
PUNTA GORDA, FL 33950 US

Mailing Address  
1900 TAMiami TRAIL  
#C  
PUNTA GORDA, FL 33950 US

**54016366**



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0465773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

AMBERG, PATRICA A.  
1900-C TAMiami TRAIL  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

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 *Patricia A. Amberg* (NOTE: Registered Agent signature required when reinstating)

3/3/04  
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  
NAME VP  
STREET ADDRESS  
CITY-ST-ZIP  
AMBERG, DAVID A  
1900 TAMiami TRAIL  
PUNTA GORDA, FL 33950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
AMBERG, PATRICIA A  
1900 TAMiami TRAIL  
PUNTA GORDA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04  
Date

941-  
639-0550  
Daytime Phone #