


**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
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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"/>	\$8.75 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* DATE: 3/3/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<i>VP</i>
NAME	AMBERG, DAVID A
STREET ADDRESS	1900 TAMiami TRAIL
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	PS T
NAME	AMBERG, PATRICIA A
STREET ADDRESS	1900 TAMiami TRAIL
CITY-ST-ZIP	PUNTA GORDA, FL
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: *Patricia A. Amberg* DATE: 3/3/04 941-639-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #