


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90259 049 ***150.00

DOCUMENT # P94000021090

1. Entity Name
AMC, A MORTGAGE COMPANY OF N.E. FLORIDA, INC.



Principal Place of Business Mailing Address

**4040 SUNBEAM RD
 SUITE 4
 JACKSONVILLE, FL 32257 US**

**4040 SUNBEAM RD
 SUITE 4
 JACKSONVILLE, FL 32257 US**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

84053199



02052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3232617 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, THOMAS M
 2758 BIRCHWOOD DR
 ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4040 Sunbeam Road Ste. 4

City State Zip Code
Jacksonville FL 32257

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: *Ellen White* DATE: **4/16/04**

Signatures, 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	DPT	<input type="checkbox"/> Delete
NAME	WHITE, THOMAS M	
STREET ADDRESS	777 CAMERON DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4040 Sunbeam Road Ste. 4	
CITY-ST-ZIP	Jacksonville, FL 32257	

TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	WHITE, CHERYL H	
STREET ADDRESS	777 CAMERON DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVS Ellen White	
STREET ADDRESS	4040 Sunbeam Road Ste. 4	
CITY-ST-ZIP	Jacksonville, FL 32257	

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: *Thomas M White* Date: **4-16-04** Daytime Phone #: **904 260 9010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR