

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 26, 2004 8:00 am  
Secretary of State

08-26-2004 90001 036 \*\*\*550.00

DOCUMENT # P94000026550

1. Entity Name  
FIRST FINANCIAL FUNDING MORTGAGES, INC.



Principal Place of Business  
119 E. GEORGIA STREET., #5  
TALLAHASSEE, FL 32301 US

Mailing Address  
119 E. GEORGIA STREET., #5  
TALLAHASSEE, FL 32301 US

54069915



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3233957

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, EDGAR E  
119 E. GEORGIA STREET., #5  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVST  
PHILLIPS, EDGAR  
119 E. GEORGIA STREET., #5  
TALLAHASSEE, FL 32301

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVST  
Angelyn Phillips  
119 E. Georgia St #5  
Tallahassee Fla 32301

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Angelyn Phillips* *Angelyn Phillips* 1/12/04 850 562-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #