


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000039285 1. Entity Name SUNBEAM MORTGAGE CORPORATION			
Principal Place of Business 24705 US 19 N #304 CLEARWATER, FL 33763		Mailing Address 24705 US 19 N #304 CLEARWATER, FL 33763	
DO NOT WRITE IN THIS SPACE			
			
		03282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3244552	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLACEK, DONNA 1709 TALL PINE CIRCLE SAFETY HARBOR, FL 34695		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000109063 04/12/04-80029-004 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DPST		
NAME	POLACEK, DONNA		
STREET ADDRESS	1709 TALL PINE CIRCLE		
CITY- ST- ZIP	SAFETY HARBOR, FL 34695		
TITLE			
NAME			
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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)(j), 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: <u>Donna Polacek</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-7-04 787-796-7040 Date Daytime Phone #	