


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90719 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

94080262

DOCUMENT # P94000050358			
1. Entity Name CPI MORTGAGE CO.			
Principal Place of Business 8601 LITTLE RD. NEW PORT RICHEY, FL 34654 US		Mailing Address 8601 LITTLE RD. NEW PORT RICHEY, FL 34654 US	
2. Principal Place of Business 4500 140 TH AVEN Suite, Apt. #, etc. SUITE 101		3. Mailing Address P.O. Box 14209 Suite, Apt. #, etc. 4-29-04	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33762		Country USA	
4. FEI Number 59-3252996		Applied For Not Applicable	
5. Certificate of Status Cleared <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORNEMANN, WILLIAM 8601 LITTLE RD. NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4500 140 TH AVEN SUITE 101 City CLEARWATER FL Zip Code 33762	
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 <u>Wm. A. Borneman</u> DATE <u>4-29-04</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when retreating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORNEMANN, WILLIAM 4333 FALLBROOK BLVD PALM HARBOR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4830 14 TH ST NE ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORNEMAN, BARBARA L 4333 FALLBROOK BLVD PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4230 14 TH ST. NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Wm. A. Borneman</u>		Date <u>4-29-04</u> Daytime Phone # <u>727-797-6700</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	