

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091411

FILED
Jan 14, 2004
Secretary of State

Entity Name: THE MORTGAGE CLINIC, INC.

Current Principal Place of Business:

1601 N PALM AVE
SUITE 210
PEMBROKE PINES, FL 33026 US

Current Mailing Address:

1601 N PALM AVE
210
PEMBROKE PINES, FL 33026 US

FEI Number: 65-0545675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLEHUBER, TIM I
12054 NW 11 ST
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

499 SHERIDAN STREET
SUITE 202
DANIA BEACH, FL 33004 US

New Mailing Address:

499 SHERIDAN STREET
202
DANIA BEACH, FL 33004 US

Name and Address of New Registered Agent:

SCHLEHUBER, TIM I
3420 N 66 AVE
HOLLYWOOD, FL 33024 US

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.

SIGNATURE:

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: SCHLEHUBER, TIM I
Address: 12054 NW 11 ST
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: SCHLEHUBER, TIM I
Address: 3420 N 66 AVE
City-St-Zip: HOLLYWOOD, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM I SCHLEHUBER

PRES

01/14/2004

Electronic Signature of Signing Officer or Director

Date