


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000092124 1. Entity Name EMBASSY MORTGAGE CORPORATION	
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Principal Place of Business 9210 CYPRESS GREEN DR JACKSONVILLE, FL 32256 US	Mailing Address 9210 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3284601	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WARD, ROBERT E III
6177 BELLE RIVE COURT
JACKSONVILLE, FL 32256

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAVEY, THOMAS D 1204 GLENN DRIVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, ROBERT E III 6177 BELLE RIVER CT. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/01/05-80005-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert E. Ward III **Robert E. Ward III** **March 30, 2005 (904) 733-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #