

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90023 007 \*\*\*150.00

**DOCUMENT # P95000010875**

1. Entity Name

**BRASSINGTON MORTGAGE CORPORATION**



Principal Place of Business:  
1031 IVES DAIRY RD.  
#228  
N. MIAMI BCH. FL 33179

Mailing Address  
1031 IVES DAIRY RD.  
#228  
N. MIAMI BCH. FL 33179

44030434



2. Principal Place of Business

1031 IVES DAIRY RD.

3. Mailing Address

1031 IVES DAIRY RD.

Suite/Apt./# etc.

#228

Suite/Apt./# etc.

#228

City & State

NMB FL 33179

City & State

NMB FL 33179

Zip

Country U.S.A

Zip

Country U.S.A

4. FEI Number

65-0556166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRASSINGTON, ELLEN C  
1031 IVES DAIRY RD.  
#228  
N. MIAMI BCH. FL 33179

7. Name and Address of New Registered Agent

Name Same

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

E.C. Brassington

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/26/04

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing - Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BRASSINGTON, E C  
STREET ADDRESS 1031 IVES DAIRY RD #228  
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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)(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: E.C. Brassington - EC BRASSINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/04