

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000030848

1. Entity Name
F & S MORTGAGE CORP.



Principal Place of Business
**324 N DALE MABRY HWY
SUITE 100
TAMPA, FL 33609**

Mailing Address
**PO BOX 172239
TAMPA, FL 33672-0239**



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3306885	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, PATRICK R
306 E. TYLER ST., FL 2
TAMPA, FL 33602-3840**

**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

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

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SMITH, PATRICK R
STREET ADDRESS	306 E. TYLER STREET, #300
CITY - ST - ZIP	TAMPA, FL 336023823

TITLE	PD
NAME	NURNBERGER, DONALD
STREET ADDRESS	324 N DALE MABRY #100
CITY - ST - ZIP	TAMPA, FL 33609

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK R. SMITH

04/15/04 813 229-2221

Date

Daytime Phone #