2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/3/2004-90079-001-$3(

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-03-2004 90079 001 ***300.00

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1. Entity Name
HOME SAVING MORTGAGE CORPORATION

664

Principal Place of Business	Mailing Address
7250 ULMERTON ROAD SUITE C LARGO, FL 33771	7250 ULMERTON ROAD SUITE C LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3304226

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSAVARIS, JOHN
7250 ULMERTON ROAD
SUITE-C
LARGO, FL 33771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	D
NAME	TSAVARIS, JOHN
STREET ADDRESS	7250 ULMERTON RD STE-C
CITY-ST-ZIP	LARGO, FL 33771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P
NAME	PAUL WEITZEL
STREET ADDRESS	7250 ULMERTON RD STE C
CITY-ST-ZIP	LARGO, FL 33771
TITLE	V
NAME	GLORIA JEAN HEVIA
STREET ADDRESS	4407 WALLCRAFT AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

(11) ADDITION

(11) ADDITION

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR