

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90104 001 \*\*\*150.00  
03-22-2004 90104 002 \*\*\*\*\*8.75

**DOCUMENT # P96000055403**

1. Entity Name

**APPROVAL FIRST MORTGAGE CORPORATION**



Principal Place of Business

3510 S FL AVE  
102  
LAKELAND FL 33803-4874  
US

Mailing Address

3510 S FL AVE  
102  
LAKELAND FL 33803-4874  
US

**66407036**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3500 S. Florida Ave

3. Mailing Address

3500 S. Florida Ave

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33803

Country

POIK

Zip

33803

Country

POIK

4. FEI Number

59-3387020

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYNN, LARRY  
3510 S. FLORIDA AVENUE  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/2004

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete  
NAME LYNN, CONSTANCE A  
STREET ADDRESS 3510 S. FLORIDA AVE #102  
CITY-ST-ZIP LAKELAND FL 33803

TITLE VD ☐ Delete  
NAME LYNN, LARRY JR  
STREET ADDRESS 3510 S. FLORIDA AVENUE STE 102  
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/2004