

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P96000056173

1. Entity Name
ACCENT MORTGAGE CORPORATION



Principal Place of Business
770 COUNTRY CLUB DRIVE
TITUSVILLE, FL 32780

Mailing Address
770 COUNTRY CLUB DRIVE
TITUSVILLE, FL 32780



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3387019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL J. MARTUCCI
770 COUNTRY CLUB DR.
TITUSVILLE, FL 32780

**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, 2008 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 MARTUCCI, MICHAEL
STREET ADDRESS 770 COUNTRY CLUB DRIVE
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE VP
NAME SANDRA MANCE
STREET ADDRESS 770 COUNTRY CLUB DR.
CITY-ST-ZIP TITUSVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/15/08-80093-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #