



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90010 016 \*\*\*150.00

<b>DOCUMENT # P96000068531</b> 1. Entity Name <b>CONFER MORTGAGE CORPORATION</b>			
Principal Place of Business <b>2820 RIVERSIDE DRIVE #104 CORAL SPRINGS, FL 32065</b>		Mailing Address <b>2820 RIVERSIDE DRIVE #104 SUITE 15B CORAL SPRINGS, FL 32065</b>	
2. Principal Place of Business <b>2820 Riverside Drive #104</b> Suite, Apt. #, etc.		3. Mailing Address <b>2820 Riverside Drive #104</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs Florida</b>		City & State <b>Coral Springs FL</b>	
Zip <b>33065</b>		Zip <b>33065</b>	
Country		Country	
4. FEI Number <b>65-0693505</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONFER, THOMAS A 2820 RIVER DRIVE 104 POMPANO BEACH, FL 33065</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CONFER, THOMAS A 2820 RIVERSIDE DR #104 CORAL SPRINGS, FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 any other line empowered.			
SIGNATURE: 		4/16/04 954-755-1460 <small>Date Daytime Phone #</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			