2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000078554 02-25-2004 90018 031 ***158.75 MORTGAGE FINANCING INCORPORATED Principal Place of Business Mailing Address AZATALSA 24891 GOLD CREST DR 24891 GOLD CREST DR BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 US 2. Principal Place of Business 3. Mailing Address <u>723 Egret Walk Lane</u> 723 Egret Walk Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 02212004 Cha-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0695366 Not Applicable Venice, Florida <u>Venice, Florida</u> Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -Sarasota 34292 Sarasota 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Edward J. Devin EDWARD J. DEVIN Street Address (P.O. Box Number is Not Acceptable) 24891 GOLD CREST DR 723 Egret Walk Lane BONITA SPRINGS, FL 34134 Zip Code 8. The above named entity submits this statement or 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. the obligations of registered agent. Feb 22 2004 agent and title if applicable Signature, typed or printed name of regis (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO Change TITI F TITI F ☐ Delete CEO Addition DEVIN, EDWARD J NAME NAME Devin, Edward J. STREET ADDRESS 24891 GOLDCREST DR. STREET ADDRESS 723 Egret Walk Lane Venice, FL. 34292 CITY-ST-ZIP BONITA SPRINGS, FL 34134 CtTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete - - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. (X 1.134.3461 CITY-ST-7IP 经存储物金人的特征 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appearance of the corporation of the corporation of the corporation of the receiver or trustee empowered. even SIGNATURE: SIGNATURE AND TYPED OR PRINTED, Daytime Phone

FILED

Feb 25, 2004 8:00 am