

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90015 019 \*\*\*150.00

**DOCUMENT # P97000005065**

1. Entity Name  
**KISER MORTGAGE, INC.**



Principal Place of Business  
**1520 SE 4TH COURT  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**1520 SE 4TH COURT  
DEERFIELD BEACH, FL 33441**

**24003416**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0720529**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KISER, KAREN**  
~~1234 SE 7TH COURT~~ **1520 SE 4th Ct.**  
**DEERFIELD BEACH, FL 33441-5882**

**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 *Karen Kiser* **KAREN KISER**

1-19-04

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KISER, KAREN  
1520 SE 4TH COURT  
DEERFIELD BCH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Karen Kiser* **KAREN KISER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/04 (954) 426-0621



## Division of Corporations

## Annual Report

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Document Number

P97000005065

Business Entity Name

KISER MORTGAGE, INC.

FEI Number

650720529

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

1520 SE 4TH COURT

Suite, Apt. #, etc.

City, State

DEERFIELD BEACH

FL

Zip Code &amp; Country

33441

## Mailing Address

Address

1520 SE 4TH COURT

Suite, Apt. #, etc.

City, State

DEERFIELD BEACH

FL

Zip Code &amp; Country

33441

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

KISER

KAREN

-or- RA Business Name

Address

1520 SE 4TH COURT

Suite, Apt. #, etc.

City, State

DEERFIELD BEACH

FL

Zip Code &amp; Country

33441

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Karen Kiser