


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1052

DOCUMENT # P97000036946 1. Entity Name PROFESSIONAL MORTGAGE FUNDING, INC.	
--	---

FILED

04 MAY 14 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052003 No Chg-P CR2E034 (10/03) 24

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3446328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HAMIEL, GRACE C 1875 ANGELA DRIVE ORLANDO, FL 32817
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PTD HAMIEL, GRACE C 1875 ANGELA DR. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMIEL, RAYMOND E 1875 ANGELA DR. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WYATT, ARLENE 1400 N SEMORAN BLVD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600036551686  
05/18/04--01053--007 \*\*150.00

**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: Grace Hamiel - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/04 (407) 737-4333  
Date Daytime Phone #

8

20fz

# PROFESSIONAL MORTGAGE FUNDING INC.

1400 N. Semoran Blvd. Suite C.  
Orlando, Fl. 32807  
Phone: (407) 737-4333 • Fax: (407) 737-4331

---

May 12, 2004

Ms. Barbara Mitchell  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

Dear Ms. Mitchell,

Further to our telephone conversation, I wish to reiterate that we have not received the 2004 Profit Corporation Annual Report Packet. At this point, please find attached a cashier's check in the amount of \$150.00 to be applied to our filing fee for the Profit Annual Report.

In the future, I will make it as part of our procedure to call your office should I not receive the Profit Annual Report packet by April of the next succeeding years to avoid this situation.

Thank you for your help.

Sincerely yours,

  
Grace Hamiel  
President