


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000050302  
 1. Entity Name  
 ALL-FLORIDA MORTGAGE CENTERS, INC.



Principal Place of Business 4721 SOUTH ORANGE AVENUE ORLANDO, FL 32806	Mailing Address 4721 SOUTH ORANGE AVENUE ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3450756	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  
 PERDUE, JEFFREY E  
 4500 SOUTH SHORE DRIVE  
 ORLANDO, FL 32839

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERDUE, JEFFREY E 4500 SOUTH SHORE DRIVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PERDUE, KAREN L 4500 SOUTH SHORE DRIVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD0000052010  
 02/16/04-80074-015 150.00

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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:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 407 240-6062  
 Day Daytime Phone #