



2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr-04
Sec

DOCUMENT # P97000105040 1. Entity Name STATEWIDE MORTGAGE OUTLET, INC.		
Principal Place of Business 8921 W ATLANTIC BLVD M CORAL SPRINGS, FL 33071 US	Mailing Address 8921 W ATLANTIC BLVD M CORAL SPRINGS, FL 33071 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">  01062004 No Chg-P CR2E034 (10/03) </div>		
4. FEI Number 65-0800043		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
STOTT, ROBERT S 8921 W ATLANTIC BLVD M CORAL SPRINGS, FL 33071	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD STOTT, ROBERT S 9920 NW 11 ST PLANTATION, FL 33322 <i>1461 N.W. 114 Ave 33323</i>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LEHMAN, JOANNE 8921 W. ATLANTIC BLVD., #M CORAL SPRINGS, FL 33071	
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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)(f), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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