

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90279 037 ***150.00

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1. Entity Name
TRIANGLE USA MORTGAGE CORPORATION

Principal Place of Business
802 E. COLONIAL DR.
ORLANDO, FL 32803

Mailing Address
802 E. COLONIAL DR.
ORLANDO, FL 32803

94076964



2. Principal Place of Business
230 Lookout Place
Suite, Apt. #, etc.

3. Mailing Address
230 Lookout Place
Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State
Maitland FL
Zip 32751 **Country** USA

City & State
Maitland FL
Zip 32751 **Country** USA

4. FEI Number
59-3481308 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, JOHN E IV
802 E. COLONIAL DR.
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BELL, JOHN E IV
STREET ADDRESS 205 COLONY SPRINGS LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Delete
NAME BELL, ELIZABETH
STREET ADDRESS 205 COLONY SPRINGS LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E Bell IV

4/28/04
Date

(407) 628-8222
Daytime Phone #