

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000011855

1. Entity Name  
APPROVED MORTGAGE SOURCE CORP.



Principal Place of Business  
350 ENGLENOOK DR #100  
DEBARY, FL 32713

Mailing Address  
350 ENGLENOOK DR #100  
DEBARY, FL 32713

**FILED  
May 05, 2004 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3491355	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BALDWIN, LOUISE J  
350 ENGLENOOK DR #100  
DEBARY, FL 32713

**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

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

(NOTE: Registered Agent Signature required when renaming)

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

U00000156499  
05/05/04-80080-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALDWIN, LOUISE J 350 ENGLENOOK DR #100 DEBARY, FL 32713
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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 empowerments.

SIGNATURE: *Paul Baldwin, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 3866688000  
Date Daytime Phone #