

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90665 015 ***150.00

DOCUMENT # P98000013593 1. Entity Name PEAK MORTGAGE CORPORATION					
Principal Place of Business 600 N. HIATUS RD. 213 PEMBROKE PINES, FL 33026			Mailing Address 600 N. HIATUS RD. 213 PEMBROKE PINES, FL 33026		
2. Principal Place of Business 600 N. HIATUS RD. Suite, Apt. #, etc. # 209			3. Mailing Address Suite, Apt. #, etc.		
City & State PEMBROKE PINES FL			City & State		
Zip 33026		Country		Zip Country	
6. Name and Address of Current Registered Agent PITTER, DAVE 10749 LENOX RD COOPER CITY, FL 33026				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 35%; text-align: right;"> DATE: 5/30/04 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP PITTER, DAVE 10749 LENOX ROAD COOPER CITY, FL 33026	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE:				Date: 5/27/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: (954) 392 6165	

66426231



04292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0941162

Applied For
Not Applicable

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

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PITTER, DAVE	
STREET ADDRESS	10749 LENOX ROAD	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/27/04**
 Daytime Phone #: **(954) 392 6165**