

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90349 031 ***150.00

DOCUMENT # P98000015537

1. Entity Name

FAIRBANKS MORTGAGE FUNDING, INC.



Principal Place of Business

1801 E. COLONIAL DR.
STE. 202
ORLANDO FL 32803

Mailing Address

1801 E. COLONIAL DR.
STE. 202
ORLANDO FL 32803

2. Principal Place of Business

1801 E. Colonial Dr.

3. Mailing Address

1801 E. Colonial Dr.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

Zip

32803

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3494137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASENJO, PAUL E
14906 PRAIRIE ROSE COURT
ORLANDO FL 32824

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

Paul Asenjo

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME: **ASENJO, PAUL**
STREET ADDRESS: **14906 PRAIRIE ROSE CT**
CITY-ST-ZIP: **ORLANDO FL 32824**

TITLE VP ☐ Delete

NAME: **ASENJO, IVETTE**
STREET ADDRESS: **14906 PRAIRIE ROSE CT**
CITY-ST-ZIP: **ORLANDO FL 32824**

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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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 all other like empowered.

SIGNATURE:

Paul Asenjo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #