

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017650

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: ALL CREDIT MORTGAGE CO.

## Current Principal Place of Business:

703 NORTH BLVD W  
LEESBURG, FL 34748 US

## New Principal Place of Business:

1004 N. 14TH ST  
SUITE 100  
LEESBURG, FL 34748 US

## Current Mailing Address:

703 NORTH BLVD W  
LEESBURG, FL 34748 US

## New Mailing Address:

1004 N. 14TH ST  
SUITE 100  
LEESBURG, FL 34748 US

FEI Number: 59-3494624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMIESON, LEANNE J  
703 NORTH BLVD W  
LEESBURG, FL 34748

## Name and Address of New Registered Agent:

JAMIESON, LEANNE J  
1004 N. 14TH ST  
SUITE 100  
LEESBURG, FL 34748

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.

SIGNATURE:

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: OP ( ) Delete  
Name: JAMIESON, LEANNE J  
Address: 1004 N 14TH ST STE 100  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE J. JAMIESON

OP

01/13/2004

Electronic Signature of Signing Officer or Director

Date