


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90007 050 \*\*\*158.75

<b>DOCUMENT # P98000026130</b>	
<b>1. Entity Name</b> MORTGAGE FINANCIAL NETWORK, INC.	

<b>Principal Place of Business</b> 3135 STATE ROAD 580 SUITE 10 SAFETY HARBOR FL 34695	<b>Mailing Address</b> 3135 STATE ROAD 580, SUITE 10 SAFETY HARBOR FL 34695
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<b>2. Principal Place of Business</b> 2840 Landmark Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2840 Landmark Drive Suite, Apt. #, etc.
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<b>City &amp; State</b> Clearwater, Florida	<b>City &amp; State</b> Clearwater, Florida
<b>Zip</b> 33761	<b>Country</b> USA

<b>4. FEI Number</b> 65-0823581	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CRIBB, NEIL A 3135 STATE ROAD 580, SUITE 10 SAFETY HARBOR FL 34696	<b>7. Name and Address of New Registered Agent</b>  Name: Neil A. Crabb Street Address (P.O. Box Number is Not Acceptable): 2840 Landmark Drive City: Clearwater FL Zip Code: 33761
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**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: Neil A. Crabb DATE: August 23, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRIBB, NEIL A 2840 LANDMARK DRIVE CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVERMAN-CRIBB, SUSAN 2840 LANDMARK DRIVE CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Neil A. Crabb 8/23/2004 727-543-9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #