2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P98000062970

Entity Name: ACCELERATED MORTGAGE COMPANY

Current Principal Place of Business:

111 TECH DR
SANFORD, FL 32771

New Principal Place of Business:

615 N. US HWY. 17-92
DEBARY, FL 32713

Current Mailing Address:

111 TECH DR
SANFORD, FL 32771

New Mailing Address:

615 N. US HWY 17-92
DEBARY, FL 32713

FEI Number: 22-3596239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARENTE, RAYMOND
7336 WINTERVILLE ST
DELTONA, FL 32725

Name and Address of New Registered Agent:

PARENTE, ANGELA
105 ALEXANDRA WOODS DR.
DEBARY, FL 32713

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: ANGELA PARENTE 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: CASSEAU, KEVIN
Address: 442 MOHAVE TER
City-St-Zip: LAKE MARY, FL 32746

Title: P ( ) Delete
Name: CASSELL, KEVIN A
Address: 1336 WINTERVILLE ST
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete
Name: PARENTE, PHYLLIS
Address: 16 LANSING AVE
City-St-Zip: WARWICK, RI 02888

Title: VP (X) Delete
Name: CASSELL, PATRICIA C
Address: 226 WESTERN AVE
City-St-Zip: SHERBORN, MA 01770

Title: P (X) Delete
Name: MELE, ANGELA
Address: 105 ALEXANDRA WOODS DR.
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: PARENTE, ANGELA M
Address: 105 ALEXANDRA WOODS DR.
City-St-Zip: DEBARY, FL 32713

Title: VP (X) Change ( ) Addition
Name: GARLICK, EDWARD A
Address: 104 ALEXANDRA WOODS DR.
City-St-Zip: DEBARY, FL 32713

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

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

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: ANGELA PARENTE PRES 04/28/2004
Electronic Signature of Signing Officer or Director Date