2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# P98000079587

Entity Name: CAPITAL MORTGAGE CENTER, INC.

Current Principal Place of Business:

6309 CORPORATE CT., #205
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6309 CORPORATE CT., #205
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0872036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOLA, FRANCIS P
1765 W MARION AVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCOLA, FRANCIS P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP ( ) Delete
Name: SCOLA, JANINE M
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: S ( ) Delete
Name: CAPIETO, SIGRISMONDO
Address: 22475 FORTUNE AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete
Name: SCOLA, FRANCIS P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: CAPUTO, SIGISMONDO
Address: 22475 FORTUNE AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

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: F. PAUL SCOLA PRES 03/29/2004

Electronic Signature of Signing Officer or Director Date