

FILED  
Jul 14, 2004 8:00 am  
Secretary of State


07-14-2004 90008 044 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

44048607



04282004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000008839</b>			
1. Entity Name HOME MORTGAGE CONNECTION CORP.			
Principal Place of Business 1700 S.W. 12TH AVE. SUITE C BOCA RATON, FL 33486 US		Mailing Address 1700 S.W. 12TH AVE. SUITE C BOCA RATON, FL 33486 US	
2. Principal Place of Business 1700 S. Dixie Hwy Suite 306 Boca Raton, FL 33486 US		3. Mailing Address 1700 S. Dixie Hwy Suite 306 Boca Raton, FL 33486 US	
4. FEI Number 65-0889952		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOSSUK, ROBERT 9741 DONATO WAY LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Same Address 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: Robert Bossuk 4/27/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: BOSSUK, ROBERT STREET ADDRESS: 1700 S.W. 12TH AVE. CITY-ST-ZIP: BOCA RATON, FL 33486		TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: BOSSUK, ROBERT STREET ADDRESS: 1200 S.W. 12TH AVE. CITY-ST-ZIP: BOCA RATON, FL 33486		TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: Robert Bossuk 4/27/04		5613051401	