

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S45038	
1. Entity Name SUN MORTGAGE OF THE PALM BEACHES, INC.	

Principal Place of Business 2084 ARDLEY RD JUNO ISLES FL 33408 US	Mailing Address 2084 ARDLEY RD JUNO ISLES FL 33408 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WAJDOWICZ, THOMAS E. 2084 ARDLEY ROAD JUNO ISLES FL 33408	
Name	
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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

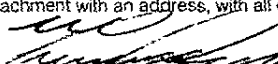
10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WAJDOWICZ, THOMAS E.	
STREET ADDRESS	2084 ARDLEY RD.	
CITY - ST - ZIP	JUNO ISLES FL	
TITLE	P	☐ Delete
NAME	WAJDOWICZ, THOMAS E.	
STREET ADDRESS	2084 ARDLEY RD	
CITY - ST - ZIP	JUNO ISLES FL	
TITLE	VP	☐ Delete
NAME	WAJDOWICZ, THOMAS E.	
STREET ADDRESS	2084 ARDLEY RD	
CITY - ST - ZIP	JUNO ISLES FL	
TITLE	ST	☐ Delete
NAME	WAJDOWICZ, THOMAS E.	
STREET ADDRESS	2084 ARDLEY ROAD	
CITY - ST - ZIP	JUNO ISLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **THOMAS WAJDOWICZ** 2/10/04 (561) 775-3166