2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$45038 1. Entity Name SUN MORTGAGE OF THE PALM BEACHES, INC.							4 08:00 AM y of State		
Principal Place of Business	Mailing Ad	Idress							
2084 ARDLEY RD 2084 ARDLEY RD 3UNO ISLES FL 33408 US 2084 ARDLEY RD 3UNO ISLES FL 33408 US								BR BIRII BIRII BIRII GIZ	
Principal Place of Business Address Address									
Suite, Apt #, etc.		Suite, Apt. #, etc				MOORE	CR2E0	34 (11/03)	
City & State		City & State Zip Cou				65-025	4168	No	piled For t Applicable
Zip Country					5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				ame	7. Na	me and Address of	New Hegistere	d Agent	
WAJDOWICZ, THOMAS E. 2084 ARDLEY ROAD JUNO ISLES FL 33408			Str	reet Address (F	P.O. Box	Number is Not Acce	eptable)		
			Cit	ity			F	L Zip Cod	e
8. The above named entity submits this the obligations of registered agent.	stalement for the purpose	of changing its reg	gistered of	ffice or register	ed ager	nt, or both, in the State	e of Florida. 1 a	ım familiar with,	and accept
SIGNATURE Signature: typed or printed name of r	egistered agent and title & applicable	e. (NOTE, Re	legislared Agen	nt signature required	when roos	stating)	DAT	Ē	
FILE NOW!!! FEE IS \$1 After May 1, 2004 Fee will by Make Check Payable to Florida Dep	e \$550.00		· ·			9. Election Campa Trust Fund Con			O May Be to Fees
	CERS AND DIRECTORS		11.		ADD	ITIONS/CHANGES T	O OFFICERS A	ND DIRECTOR	S IN 11
TITLE D	CCUS MAS SINESTON	☐ Celete	RILE			TOROTO I ANGLO I	O OT TOLING?	Change	Addition
NAME WAJDOWICZ, THOMAS	S E.		NAME						_
STREET ADDRESS 2084 ARDLEY RD. CITY-ST-ZIP JUNO ISLES FL			STRELT ADI			·			
11742	P Delete IIT WAJDOWICZ, THOMAS E.					HOOO	ากกหองกว	Change	Addition
STREET ADDRESS 2084 ARDLEY RD	2084 ARDLEY RD 5			DRESS	02/13/04-80011-002 150.00) .
TRIE VP		☐ Selete	Bille					☐ Change	Addition
1	WAJDOWICZ, THOMAS E.								
STREET ADDRESS 2084 ARDLEY RD CITY-ST-ZP JUNO ISLES FL			STREET ADS CITY-ST-2	3					
TITLE ST		☐ Delete	BILE			·		Change	Addition
NAME WAJDOWICZ, THOMAS	S E.		name					_ '	_
STREET ADDRESS 2084 ARDLEY ROAD GITY-ST-ZIP JUNO ISLES FL			STREET ADI						· · · · · · · · · · · · · · · · · · ·
TITEE	•	☐ Delete	TITLE NAME					Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP			STREET ADI	l					
TALE		☐ Delete	TITLE				·	Change	Addition
NAME STREET ADDRESS	,		MAME Street add	DORESS					
CITY-ST-ZIP			CITY-ST-Z	ZIP	., 31	127535ca m =	···		<u> </u>
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 319.07(3)(i), Florida Statules. 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 either like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR									

FILED