


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90094 030 ***150.00

DOCUMENT # V47504 1. Entity Name STATEWIDE MORTGAGE FUNDING, INC.			
Principal Place of Business 2225 CURRYFORD RD STE B ORLANDO, FL 32806 US		Mailing Address 2225 CURRY FORD RD SUITE B ORLANDO, FL 32806 US	
2. Principal Place of Business 1604 S. Bumby Ave Suite, Apt. #, etc.		3. Mailing Address 1604 S. Bumby Ave Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32806 - Country USA		City & State Orlando, FL Zip 32806 - Country USA	
4. FEI Number 59-3137835		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CULBERTSON, GREG 2225 CURRY FORD R. ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Culbertson, Gregory Street Address (P.O. Box Number is Not Acceptable) 1604 S. Bumby Ave City Orlando FL Zip Code 32806	
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: <u>Greg Culbertson</u> DATE: <u>2-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	PT CULBERTSON, GREGORY L 13421 FORDWELL DRIVE ORLANDO, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Culbertson, Gregory L. 1240 Winter Garden Vineland Rd., S 7 Winter Garden, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZEGERS, BERT 20 BATTLER ST ORLANDO, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Greg Culbertson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-1-05</u> Daytime Phone #	

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