

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90111 029 ***150.00

DOCUMENT # V59930

1. Entity Name
STATEWIDE MORTGAGE, INC.



Principal Place of Business
**2560 ENTERPRISE RD. E.
CLEARWATER, FL 33759**

Mailing Address
**2560 ENTERPRISE RD. E.
CLEARWATER, FL 33759**

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3141498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KENNEDY, BRIAN
2471 MCMULLEN BOOTH RD. 2631 McLoarnick Dr S-102
STE 5
CLEARWATER, FL 34619 Clearwater, FL. 33759

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARVIN, TIM
STREET ADDRESS	209 140 AVE. E. #B
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	V
NAME	KENNEDY, BRIAN J.
STREET ADDRESS	14667 GROVE ST. 9426 106th AVE N.
CITY-ST-ZIP	SEMINOLE, FL 33772 SEMINOLE, FL. 33777
TITLE	S
NAME	KENNEDY, BRIAN J.
STREET ADDRESS	14667 GROVE ST. 9426 106th AVE N.
CITY-ST-ZIP	SEMINOLE, FL 33772 SEMINOLE, FL. 33777
TITLE	T
NAME	MARVIN, TIMOTHY E.
STREET ADDRESS	209 140 AVE. E., #B
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 **727 797-0300**
Date Daytime Phone #