

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90284 035 ***150.00

DOCUMENT # F03000000027

1. Entity Name

ALLIED HOME MORTGAGE CORPORATION



Principal Place of Business

6110 PINEMONT SUITE 215
HOUSTON TX 77092

Mailing Address

6110 PINEMONT SUITE 215
HOUSTON TX 77092

2. Principal Place of Business

6110 Pinemont Drive

Suite, Apt. #, etc.
Suite 220

City & State
Houston, Texas

Zip
77092

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **76-0316927**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CP	HODGE, JIM C	6110 PINEMONT SUITE 215	HOUSTON TX 77092	<input type="checkbox"/>
VPST	TAYLOR, MICHELE	6110 PINEMONT SUITE 215	HOUSTON TX 77092	<input type="checkbox"/>
VP	FRESHHOUR, BOBBIE	6110 PINEMONT SUITE 215	HOUSTON TX 77092	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PCD	Jim C. Hodge	60 Queen Street	Frederiksted, St. Croix USVI 00840	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Don Clapsaddle	6110 Pinemont Drive, Suite 220	Houston, TX 77092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Michael Clendennen	6110 Pinemont Drive, Suite 220	Houston, TX 77092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jim C. Hodge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM C. HODGE

04/23/04

713-353-0400

PRESIDENT

Date

Daytime Phone #