


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002988
 1. Entity Name
 HOMEOWNERS MORTGAGE ENTERPRISES, INC.



Principal Place of Business 2530 DEVINE STREET COLUMBIA, SC 29205	Mailing Address 2530 DEVINE STREET COLUMBIA, SC 29205
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 57-0761331	Applied For Not Applicable
5. Certificate of Status Desired. <input checked="" type="checkbox"/>	\$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

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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 registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLARK, DOUG 2530 DEVINE STREET COLUMBIA, SC 29205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOZIER, ROBERT F 2530 DEVINE STREET COLUMBIA, SC 29205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARK, BRIDGET 2530 DEVINE STREET COLUMBIA, SC 29205
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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: Douglas P. Clark 2/17/04 (803) 765-9037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #