

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90007 019 ***550.00

DOCUMENT # J59870
 1. Entity Name
RANDALL MORTGAGE, INC.



Principal Place of Business Mailing Address
 837 N LK SYBELIA DR 837 N LK SYBELIA DR
 MAITLAND FL 32751 MAITLAND FL 32751
 US US

44052233



MOORE CR2E034 (4/04)

2. Principal Place of Business 3. Mailing Address
 1269 Wellington Terrace Same
 Suite, Apt. #, etc. Suite, Apt. #, etc. apt # 2

City & State City & State
 Maitland City & State
 Zip Country Zip Country
 32751 Orange

4. FEI Number 59-2769335 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 FELDMAN, ALBERT R.
 837 N LK SYBELIA DR
 MAITLAND FL 32751

7. Name and Address of New Registered Agent
 Name Pamela D. Feldman
 Street Address (P.O. Box Number, if Not Acceptable) 1269 Wellington Terrace
 City Maitland FL Zip Code 32751

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 *Pamela D. Feldman* 1269 Wellington Terr. 6/13/04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, ALBERT R.	
STREET ADDRESS	837 N LK SYBELIA DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FELDMAN, PAMELA	
STREET ADDRESS	837 N LK SYBELIA DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMORA, JULIAN J.	
STREET ADDRESS	826 POLK ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1269 Wellington Terr.	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Pamela D. Feldman* 6/13/04 407 6287081
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #