

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 205337 1. Entity Name ST. LUCIE MORTGAGE COMPANY	
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Principal Place of Business 1216 YORK AVENUE FT. PIERCE FL 34982	Mailing Address 1216 YORK AVENUE FT. PIERCE FL 34982
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 05-9080794	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent NOURSE, PHILIP G. 1216 YORK AVE. FORT PIERCE FL 33450	7. Name and Address of New Registered Agent Name _____ Street Address (P O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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 *Philip G. Nourse* *Prca* *3/30/05*
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 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD NOURSE, JIMMIE V. 1216 YORK AVE. FORT PIERCE FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000284852 04/02/05-80022-004 150.00
NAME	NOURSE, JIMMIE V.	NAME	
STREET ADDRESS	1216 YORK AVE.	STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	CITY - ST - ZIP	
TITLE	TD NOURSE, JIMMIE A. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOURSE, JIMMIE A.	NAME	
STREET ADDRESS	1216 YORK AVENUE	STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	CITY - ST - ZIP	
TITLE	VD FEE, LEVAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, LEVAN	NAME	
STREET ADDRESS	2821 S. IND. RIVER DR.	STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	CITY - ST - ZIP	
TITLE	PD NOURSE, PHILIP G. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOURSE, PHILIP G.	NAME	
STREET ADDRESS	1216 YORK AVENUE	STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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: *Philip G. Nourse* *Prca* *3/30/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #