## **FILED** 2004 FOR PROFIT CORPORATION Jul 07, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # 686828** 1. Entity Name GENERAL MORTGAGE CONSULTANTS, INC. Principal Place of Business Mailing Address 2160 CREIGHTON ROAD 2160 CREIGHTON ROAD PENSACOLA, FL 32504 PENSACOLA, FL 32504 06302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2031301 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILES, JAMES W DO NOT WRITE 2160 CREIGHTON ROAD PENSACOLA, FL 32504 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisitating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE U00000164229 07/07/04-80035-014 550.00 GILES, JAMES W NAME 5219 CHUMUCKLA HWY STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C/TY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME

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 optrustee 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 transfer empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

- Z - O A 850 Date 8

50 1479 160 Jayume Phone # The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.