2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000001959

1. Entity Name

HOMEBANC MORTGAGE CORPORATION



FILED Feb 16, 2004 8:00 am Secretary of State 02-16-2004 90043 049 ***158.75

						115					
Principal Place of Business			Mailing Address		<u> </u>						
5775 E GLENRIDGE DR SUITE 500 ATLANTA, GA 30328			5775 E GLENRIDGE DR SUITE 500 ATLANTA, GA 30328				24011002				
2. Principal Place of Business 2002 Summit Boulevard			3. Mailing Address 2002 Summit Boulevard								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01162004	Chg-P	CB2E0	34 (10/03)	
Suite 100			Suite 100						01/220		r. 1 <i>6</i>
City & State Atlanta, GA			City & State Atlanta, GA				4. FE! Numb 58-253			 	plied For t Applicable
Zip	Zip Country		Zip	try	5. Certificate of Status Desired				\$8.75 Add		
30319-			0319-1497	USA	I					Fee Required	t
6. Name and Address of Current Registered Agent					Name		~7.=Name and	Address of New R	egistered i	Agent	
NRAI SERVICES, INC.											
526 EAST PARK AVENUE TALLAHASSEE, FL 32301			Street Addr			ddress (i	ss (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 accepted obligations of registered agent.											and accept
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu							.00 May Be ed to Fees	. •		•	•
10.	OI	FFICERS AND DIR	L ECTORS	11,			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PCD		☐ Delele	TITLE	E	PCD				Change	☐ Addition
NAME FLOOD, PATRICK S STREET ADDRESS 5555 GLENRIDGE CONNECTOR			TE 900	E Et address		od, Patri					
CITY-ST-ZIP ATLANTA, GA 30342			51 L. 800		-ST-ZIP			31vd, Ste. <u>30319-1497</u>			
TITLE	VS		☐ Delete	TITLE	E	VS	anta, GA	30319-1497		Change	Addition
NAME	MCGUIRE, CHARLE			NAM			uire, Cha	arles W			
STREET ADDRESS 5555 GLENRIDGE CONNECTOR CITY-ST-ZIP ATLANTA, GA 30342			STE. 800		ET ADDRESS -ST-ZIP			Blvd. Ste.	100		
TITLE	D D	<u> </u>	□ Delete	TITLE		Atl	<u>anta. GA</u>	30319-1497		Change	- Addition
NAME	RARDIN, KEN		□ Delete	, NAM		Raro	din, Ken			ET Ollarige	nudition
STREET ADDRESS					ET ADDRESS			Blvd, Ste.		•	
CITY-ST-ZIP	ATLANTA, GA 3034	12			-ST-ZIP	Atla D	anta, GA	30319-1497		5.4	
TITLE NAME	D JANNOTTA, EDGAF	RTJR.	☐ Delete	TITLE NAM	- 1		notta E	igar T Jr.		⊠ Change	☐ Addition
STREET ADDRESS 5555 GLENRIDGE CONNECTOR, STE. 800					ET ADDRESS			Blvd, Ste.	100		
CITY-ST-ZIP ATLANTA, GA 30342				CITY	-S1-ZIP			30319-1497			
TITLE	VT		☐ Delete	THTLE		VT				Change	☐ Addition
NAME MCLELLAN, STEVEN STREET ADDRESS 5555 GLENRIDGE CONNECTOR			NUTE 800	NAM: STRE	ET ADDRESS		ellan, S		100		
CITY-ST-ZIP ATLANTA, GA 30342				-	-ST-ZIP			Blvd, Ste. 30319-1497			
TITLE			☐ Delete	TITLE	-	*****	LILLY ON		, in	. Change	☐ Addition
NAME		• •		: NAM				-		-	-
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						•
SITE OF ER				ÇH I	VI LII						

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 supplied that it 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:

SIGNATURE AND PRED PARAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date