


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004474 1. Entity Name TERRACE MORTGAGE COMPANY	
------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 900 ASHWOOD PARKWAY, STE. 130 ATLANTA, GA 30338	Mailing Address 900 ASHWOOD PARKWAY, STE. 130 ATLANTA, GA 30338
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1832516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP PAGE, CRAIG A 900 ASHWOOD PARKWAY, STE. 130 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHORTRIDGE, WILLIAM H 900 ASHWOOD PARKWAY, STE. 130 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENTLEY, W. ROBERT 900 ASHWOOD PARKWAY, STE. 130 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

#00000009977
 01/22/04-80009-023 150.00

DO NOT WRITE IN THIS SPACE

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 empowers.

SIGNATURE: Craig A. Page, Pres. Date: 1-16-04 Daytime Phone: 770-698-8617