2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAY 10 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66428942

DOCUMENT # F02000005622

1. Entity Name
CHOICE MORTGAGE, INC.

Principal Place of Business	Mailing Address
718 NORTH WALNUT STREET BLOOMINGTON, IN 47404	718 NORTH WALNUT STREET BLOOMINGTON, IN 47404

05042004 Chg-P CR2E034 (10/03) 04

2. Principal Place of Business	3. Mailing Address
1801 Liberty Dr.	1801 Liberty Dr.
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Bloomington, IN	City & State: Bloomington, IN
Zip: 47403 Country: USA	Zip: 47403 Country: USA

4. FEI Number: 35-2149192 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, JASON
6269 WALK CIRCLE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: Florida Compliance Specialists Inc

Street Address (P.O. Box Number is Not Acceptable)

2331 Hansen Place

City: Tallahassee FL Zip Code: 32301

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: Dave Taylor DATE: 5-5-04
Signature, (if filed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEBB, JASON B 561 DITTEMORE RD BLOOMINGTON, IN 47404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHORT, CHARLES R JR 1212 RHORER ROAD BLOOMINGTON, IN 47401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800038163888 05/22/04--01055--003 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CATANELLA, JOHNNA D 1159 E. CITATION DRIVE BLOOMINGTON, IN 47401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 5/5/04 802-323-9215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #