
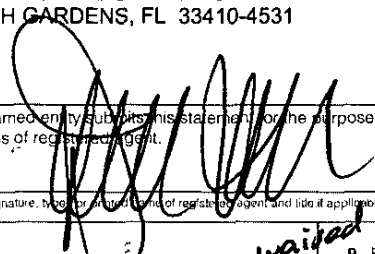
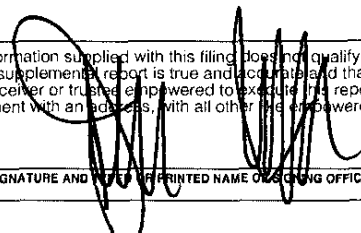


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90005 003 ***150.00

DOCUMENT # F03000004637 1. Entity Name TRIPLE CROWN MORTGAGE, INC.			
Principal Place of Business 1084 NEW CIRCLE ROAD, SUITE 300 LEXINGTON, KY 40505		Mailing Address 1084 NEW CIRCLE ROAD, SUITE 300 LEXINGTON, KY 40505	
2. Principal Place of Business 1021 Majestic Drive Suite, Apt. #, etc. 210		3. Mailing Address 1021 Majestic Drive Suite, Apt. #, etc. 210	
City & State Lexington Ky Zip 40513 Country		City & State Lexington Ky Zip 40513 Country	
4. FEI Number 61-1335237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FORM-A-CORP LLC 100 VILLAGE SQUARE CROSSING #103 PALM BEACH GARDENS, FL 33410-4531		7. Name and Address of New Registered Agent Name Street Address (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 accept the obligations of registered agent. SIGNATURE  DATE 5/19/04 <small>Signature, Title, and Address of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 waived After May 1, 2004 Fee will be \$580.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CP DONALDSON, BEN M II 1084 NEW CIRCLE ROAD, SUITE 300 LEXINGTON, KY 40505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1021 majestic Dr #210 Lexington Ky 40513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DONALDSON, BEN 1084 NEW CIRCLE ROAD, SUITE 300 LEXINGTON, KY 40505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1021 majestic Dr #210 Lexington Ky 40513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, JOEL L 1084 NEW CIRCLE ROAD, SUITE 300 LEXINGTON, KY 40505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1021 majestic Dr #210 Lexington Ky 40513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.			
SIGNATURE: 			
SIGNATURE AND TITLE OF PRINTED NAME OF CHANGING OFFICER OR DIRECTOR		Date Daytime Phone #	