

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000005056

1. Entity Name  
CAPITAL MORTGAGE FINANCE CORP.



Principal Place of Business  
6310 STEVENS FOREST ROAD  
COLUMBIA, MD 21046

Mailing Address  
6310 STEVENS FOREST ROAD  
COLUMBIA, MD 21046



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>52-1839252                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PT<br>GIBBONS, BRADLEY T<br>6310 STEVENS FOREST ROAD<br>COLUMBIA, MD 21046 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VS<br>WILLIAMS, STEVEN D<br>6310 STEVENS FOREST ROAD<br>COLUMBIA, MD 21046 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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01/20/05-80046-009 158.75

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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 empowered.

SIGNATURE: Bradley T. Gibbons **Bradley T. Gibbons**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/04  
Date

410-381-2626  
Daytime Phone #