2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001553

Entity Name: MARKET STREET MORTGAGE CORPORATION

FILED May 01, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2650 MCCORMICK DRIVE, SUITE 200 CLEARWATER, FL 33759 US					
Current Mailing Address:			New Mailing Address:		
2650 MCCORMICK DRIVE, SUITE 200 CLEARWATER, FL 33759 US					
FEI Number:	59-3151342	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of	Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					red Agent:
STUBBS, SALLY E 2650 MCCORMICK DR. SUITE 200 CLEARWATER, FL 33759 US 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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().)
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	JOHNSON, RANE	CK DRIVE, SUITE 200	Title: Name: Address: City-St-Zip:	()Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	SMITH, T D	Delete DK DRIVE, SUITE 200 FL 34619	Title: Name: Address: City-St-Zip:	()Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	CAPPS, JAMES I	CK DRIVE, SUITE 200	Title: Name: Address: City-St-Zip:	T (X) Change () Ad HARRISON, SHARON R 2650 MCCORMICK DRIVE, SU CLEARWATER, FL 34619	
Title: Name: Address: City-St-Zip:	COUTO, TERRY	Delete DK DR. SUITE 200 FL 33759	Title: Name: Address: City-St-Zip:	D (X) Change () Ac CHIOU, STEVE 2650 MCCORMICK DR. SUITE CLEARWATER, FL 33759	
Title: Name: Address: City-St-Zip:	STUBBS, SALLY	CK DR., SUITE 200	Title: Name: Address: City-St-Zip:	SD (X) Change () Ac STUBBS, SALLY E 2650 MCCORMICK DR., SUITE CLEARWATER, FL 33759	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	AS () Change (X) Ao JOURDAIN, ELIZABETH 9710 TWO NOTCH ROAD COLUMBIA, SC 29223	ddition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH JOURDAIN AS 05/01/2004