## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # #9500004767

1. Entity Name

SIGNATURE:

## BROOKSAMERICA MORTGAGE CORPORATION



## FILED Feb 17, 2004 8:00 am Secretary of State

02-17-2004 90009 046 \*\*\*150.00

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Sulle, Apt. #, ctc.    Sulle, Apt. #, ctc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   MOORE   CR26034 (11/03)   City & State   City & State   City & State   Sp. 40,37912   Applied For   Ret Applicable   Sp. 40,37912   Ret Applicable   Ret Applicable   Sp. 40,37912   Ret Applicable	6 HUTTON C	ENTRE DRIVE, SUITE 1020	6 HUTTON CENTRE D		•	
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City & State  Country  Country  S. Contributed of Status Desired  See Required  See Address of New Registatered Agent  Name  City FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  See Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Cod	2. Principal Pla	ace of Business	3. Mailing Address			
Section   Sect	Suite, Apt. I	ŧ, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
S. Cerricular Set Status Desired  S. Cerricular Set Status Desired  S. Cerricular Set Status Desired  Fee Required  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Ci	City & State		City & State		1 05-4027012 H	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Codo  City  Ci	Zip	Country	Zip .	Country		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Codo  City  Ci		6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)				Name		
PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida.    FILE NOW!!! FEE IS \$150.00   After May 1, 2004 Fee with be \$550.00   After Agents Spatial Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent agen	1200 SOUTH PINE ISLAND ROAD			Street Addr	ress (P.O. Box Number is Not Acceptable)	
B. 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. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Note   Signature	PLAI	NTATION FL 33324				
SIGNATURE    Signature   Signa				City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00			for the purpose of changing its	s registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accep	
### FILE NOW!!! FEE IS \$150.00 ### May 1, 2004 Fee will be \$550.00 #### May 1, 2004 Fee will be \$550.00 ### May 1, 2004 Fee will be \$550.00 #### May 1004 Fee will	SIGNATURE _			*** 1 11 201		
## After May 1, 2004 Fee will be \$550.00   Make Check Payable to Florida Department of State		Signature, typed or printed name of registered age	ent and title if applicable. (NOT	FE: Registered Agent signature re	required when reinstating) DATE	
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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)(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.	1 1		١			
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 bither like empowered.	12. I hereby o	ertify that the information supplied w	th this filing does not qualify for	NAME STREET ADDRESS CITY-SI-ZIP  Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP		
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Michael W. Brooks, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

714-429-4500