2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90003 047 ***150.00

44045904

02192004 Chg-P CR2E034 (10/03)

DOCUMENT # F97000003340

1. Entity Name
21ST MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
620 MARKET STREET KNOXVILLE, TN 37902	620 MARKET STREET KNOXVILLE, TN 37902

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
76-0478830
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PD WILLIAMS, TIMOTHY W 607 MARKET ST. STE 521 KNOXVILLE, TN 37902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, PAUL W 5000 CLAYTON RD MARYVILLE, TN 37804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD RAY, RICHARD B 607 MARKET STREET - SUITE 521 KNOXVILLE, TN 37901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	620 market street	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CIO CONNER, JAMES R 607 MARKET STREET - SUITE 521 KNOXVILLE, TN 37901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	620 market street	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, DAVID R 5000 CLAYTON RD MARYVILLE, TN 37804	☐ 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: _____ 3/8/04 (865) 523-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

F97000003340
44045904

620 Market Street
Knoxville, Tennessee 37902
(865) 523-2120 ext. 1297
FAX: (865) 523-6805

May 24, 2004

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Annual Report for 21st Mortgage Corporation

Dear Sir or Madam:

Enclosed you will find our Annual Report which was inadvertently paper clipped to another renewal that was due at a later date Please note the report was signed on 3/8/04 and the check was issued on 3/9/04 with intentions of submitting prior to the May 1st deadline.

Please accept my apology and consider not accessing the late charge based on this oversight. I will take measures to ensure this will not occur again. Thank you for your time and consideration regarding this matter.

Sincerely,

Renee Bermond

Renee Bermond
Licensing Coordinator

620
~~607~~ Market Street ~~Suite 321~~
Knoxville, TN 37902

Renee Bermond
Legal Coordinator/Licensing

1297
Phone 865-523-2120 ext. ~~1085~~
Fax 865-523-6805
E-Mail rbermond@21stmortgage.com

P.O. Box 477
Knoxville, TN 37901