


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005595
1. Entity Name
FIRST RESIDENTIAL MORTGAGE NETWORK, INC.



Principal Place of Business Mailing Address
9500 ORMSBY STATION ROAD **9500 ORMSBY STATION ROAD**
LOUISVILLE, KY 40223-4027 **LOUISVILLE, KY 40223-4027**



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1280946 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISS, GARY
140 COMMODORE DR.
JUPITER, FL 33477

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP POHN, SAUL L 9500 ORMSBY STATION RD. LOUISVILLE, KY 402234027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS POHN, JORDAN S 9500 ORMSBY STATION RD. LOUISVILLE, KY 402234027
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01/16/04-80020-016 150.00

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IN THIS SPACE**

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: Saul Pohn 1-9-04 502-315-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #