


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 049 ***158.75

DOCUMENT # G21372
 1. Entity Name
 FINANCIAL MORTGAGE CONSULTANTS, INC.



Principal Place of Business Mailing Address
 2600 9TH ST NORTH 2600-9TH ST NORTH
 600 600
 ST. PETERSBURG, FL 33704 US ST. PETERSBURG, FL 33704 US

54059752



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

06302004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 59-2273519 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 LEE, F H
 1610-A ROYAL PALM DRIVE SOUTH
 GULFPORT, FL 33707

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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOFORTH, DELBERT	
STREET ADDRESS	6222 FAIRWAY BAY BLVD S	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORTON, JUDY	
STREET ADDRESS	1322-D PELICAN CREEK CROSSING	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, F.H.	
STREET ADDRESS	1610-A ROYAL PALM DRIVE SOUTH	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6232 Fairfield Ave South	
STREET ADDRESS	St. Petersburg, FL	
CITY-ST-ZIP	33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Judy Morton - Judy Morton Date: 6/30/04 Daytime Phone #: 727-898-6500