



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # G48886						
1. Entity Name GIBRALTAR MORTGAGE AND LOAN COMPANY						
Principal Place of Business 2929 E. COMMERCIAL BLVD., SUITE 409 FORT LAUDERDALE, FL 33308-4296	Mailing Address 2929 E. COMMERCIAL BLVD., SUITE 409 2929 E. COMMERCIAL BLVD., SUITE 409 FORT LAUDERDALE, FL 33308-4296	 01142004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-2303870</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2303870	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent BARNES, JOSEPH B 2929 E. COMMERCIAL BLVD. SUITE 409 FORT LAUDERDALE, FL						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div><div style="width: 30%;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 40%;"></div></div>						
10. OFFICERS AND DIRECTORS						
TITLE	VPAS	<div style="font-family: monospace; font-size: 1.2em;">U00000007832 01/20/04-80039-025 150.00</div> DO NOT WRITE IN THIS SPACE				
NAME	GATES, VICKIE D					
STREET ADDRESS	2929 E. COMMERCIAL BLVD.					
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308					
TITLE	VPAS					
NAME	COX, CHRISTY L					
STREET ADDRESS	2929 E. COMMERCIAL BLVD., #409					
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308					
TITLE						
NAME						
STREET ADDRESS						
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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)(f), 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: <u><i>Vickie D. Gates VP</i></u> <u><i>1-15-04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						