

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # H33030

1. Entity Name
INDEPENDENT MORTGAGE CORP.



Principal Place of Business
898 W. HIGHWAY 50
CLERMONT, FL 34711 US

Mailing Address
P.O. BOX 121336
CLERMONT, FL 34712-1336 US



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2484071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BAIRD, LEONARD H., JR.
635 WEST HIGHWAY 50
CLERMONT, FL 34711

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
P/D
LEE, STEPHEN D.
STREET ADDRESS
4734 EMPIRE CHURCH ROAD
CITY - ST - ZIP
GROVELAND, FL 34736

TITLE
NAME
STVD
LEE, SALLY
STREET ADDRESS
4734 EMPIRE CHURCH ROAD
CITY - ST - ZIP
GROVELAND, FL 34736

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/21/05-80015-009 150.00

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen D. Lee, President

Date

Daytime Phone #

4/19/05 (352)
394-4003