2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

Secretary of State INDEPENDENT MORTGAGE CORP. Promous Place of Business BBS H, Highlan 50 P, D BDX 121336 CLERMONT, FL 34711 US PO BOX 121336 CLERMONT, FL 34711 US PO BOX 121336 CLERMONT, FL 34711 US PO BOX 121336 CLERMONT, FL 34711 US PO NOT WRITE IN THIS SPACE 4. Fig. Number 59-248/047 59-248/047 50-048/047 59-248/047 10-048/047 59-248/047 10-04					71pi 21, 2005 00.00 i	
DO NOT WRITE IN THIS SPACE A FEL Number A SACRET	1. Entity Name				Secretary of State	
DO NOT WRITE IN THIS SPACE 4. FEI Number 159-24894071 5. Cordinate of Status Desired \$83.75 Additional Fee Required 5. Name and Address of Current Registered Agent BAIRD, LEONARD H., JR. 235 WEST HIGHWAY 50 CLERMONT, FL. 34711 5. The John stands apply 6. The John stands apply Figure 17 Agents apply 6. The John stands apply Figure 17 Agents apply 6. The John stands apply Figure 17 Agents apply Fig	698 W. HIGHWAY 50 P.O.BOX 121336			us	 	
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2484071 Sp. 2484071 Not Applicable 59-2484071 Sp. 2484071 Sp.			and the second s			
S. 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 he registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flurida. In the State of Flurida. State of Flurida. State of Flurida. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For	
BAIRD, LEONARD H., JR. 635 WEST HIGHWAY 50 CLERMONT, FL 34711		And the second of the second o		The second secon	5. Certificate of Status Desired S8.75 Additional	
E35 WEST HIGHWAY 50 CLERMONT, FL 34711 IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and acce		Name and Address of Current Regis	tered Agent			
SIGNATURE Signature Signa	635 WEST HIGHWAY 50			The second secon		
SIGNATURE SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS TRUST AUDIES A734 EMPIRE CHURCH ROAD GROVELAND, FL 34736 TILE NAME SIRET AUDIESS CITY-ST-2P TILE TILE NAME SIRET AUDIESS CITY-ST-2P TILE TILE NAME SIRET AUDIESS CITY-ST-2P TILE	8. The above	named entity submits this statement for the r.	ourpose of changing its registere	ed office or register	red agent, or both, in the State of Florida I am familiar with, and accept	
TILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 DIFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. LEE, STEPHEN D. STRET ADDRESS GROVELAND, FL 34736 STEV D. LEE, STELY BORDSS CITY-ST-2P GROVELAND, FL 34736 DO NOT WRITE INTEL INTEL	the obligations of registered agent					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 110. OFFICERS AND DIRECTORS 1111. PZD ITILE NAME LEE, STEPHEN D. STYD CITY-ST-2IP GROVELAND, FL 34736 1111. STYD LEE, SALLY 4734 EMPIRE CHURCH ROAD GROVELAND, FL 34736 1111. MAME SIREIT ADDRESS CITY-ST-2IP TITLE NAME SIREIT ADDRESS CITY-ST	SIGNATURE.	Signature, typed or printed name of registered agent and fife	if applicable (NOTE Registered	Agent signature required	f when reinstating) DATE	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 111. P/D NME LEE, STEPHEN D. STRET ADDRESS CITY-ST-2P GROVELAND, FL. 34736 111. LEE, SALLY STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE					 	
TITLE NAME LEE, STEPHEN D. STRET ADDRESS CITY-ST-2IP CITY ST-2IP	LIFE MOANT LEE TO \$120,00				.00 May Be led to Fees	
TITLE NAME LEE, STEPHEN D. STRET ADDRESS CITY-ST-2IP CITY ST-2IP	10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-2IP GROVELAND, FL 34736 STYD LEE, SALLY STREET ADDRESS CITY-ST-2IP ON NOT UEE, SALLY STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP DO NOT WRITE IN THIS SPACE IN THIS SPACE STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME STREET ADDRESS CITY-ST-2IP N	· - · · · · · · · · · · · · · · · · · ·	ri				
STRET ADDRESS CITY-ST-2P GROVELAND, FL 34736 STVD LEE, SALLY STRET ADDRESS CITY-ST-2P GROVELAND, FL 34736 STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS STRET ADDRESS STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS STRET		• • =		ĺ		
CITY-ST-2P GROVELAND, FL 34736 TITL NAME STREET ADDRESS CITY-ST-2P GROVELAND, FL 34736 U00000319854 U4/21/05-80015-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-STREET ADDRESS CITY-STRE			+	······································	····	
TITLE NAME LEE, SALLY STRET ADDRESS CITY-ST-ZIP GROVELAND, FL 34736 DO NOT WRITE TITLE NAME STRET ADDRESS CITY-ST-ZIP TIT					•	
NAME STREET ADDRESS CITY-ST-ZIP GROVELAND, FL 34736 DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				wax ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CITY-ST-ZIP GROVELAND, FL 34736 DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT		****	,		(100000219854	
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-S						
NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N		GROVELAND, FE 34730		70 and 200 have	217 L17 CC CC CC 1 CC 1 CC CC	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TABLE ADDRESS CIT						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07(3)(D) Florida Statutes. I further certify that the information						
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP					DO NOT WRITE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	,	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2. I hereby certify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07(3)(0) Florida Statutes. I further certify that the information					IN THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Liberaby certify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07(3)(D) Florida Statutes. I further certify that the information						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2. I hereby certify that the information symplied with this tiling does not qualify for the exemption stated in Section 119 07(3)(D) Florida Statutes. I further certify that the information	·					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Unereby certify that the information symplical with this tilling does not criality for the exemption stated in Section 119 07(3)(0) Florida Statutes. I further certify that the information	CHY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·		**************************************		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Liberably certify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07(3)(D) Florida Statutes. I further certify that the information			*-			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07(3)(D) Florida Statutes. I further certify that the information		-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Liberaby certify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07(3)(D) Florida Statutes. I further certify that the information.						
NAME STREET ADDRESS CITY-ST-ZIP 12. Liverby certify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07(3)(0) Florida Statutes. I further certify that the information	CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information simplified with this tilling does not criality for the exemption stated in Section 119 07(3)(0) Florida Statutes. I further certify that the information	TITLE					
city-st-zip 12. Thereby certify that the information symplified with this tilling does not criality for the exemption stated in Section 119.07(3)(0) Florida Statutes. I further certify that the information	NAME					
12. Thereby certify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(3)(0) Florida Statutes. I further certify that the information	STREET ADDRESS			I		
12. I hereby certify that the information supplied with this filling 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 cath, that I am an officer or director of the corporation or the receipter or tastee ampowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if	CITY-ST-ZIP					
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 totalee ampowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if	12. Thereby o	ertify that the information supplied with this ti	ling does not availify for the exer	nőfión stated in Se	ection 119.07(3)(f) Florida Statutes. I further certify that the information	
changed, or on an attachment with an addless, with all other like empowered.	Indicated of the cor changed	on this report or supplemental report is true a poration or the receiper or trustee ampowers or on an attachment with an address with all	and accurate and that my signated to execute this report as required to the like amounted.	ure shall have the s ed by Chapter 607	same legal effect as if made under oath, that I am an officer or director , Florida Statutes, and that my name appears in Block 10 or Block 11 if	