


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90072 040 ***150.00

DOCUMENT # H82158	
1. Entity Name FIRST GLOBAL MORTGAGE-BROKERS, INC.	

Principal Place of Business 2206 GLENCOE DR. ORANGE PARK FL 32073 US	Mailing Address 2206 GLENCOE DR. ORANGE PARK FL 32073 US
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2. Principal Place of Business 800 BOARDWALK DR #622 Suite, Apt. #, etc. #622	3. Mailing Address 800 BOARDWALK DR Suite, Apt. #, etc. #622
City & State Ponte Vedra Bch, FLA.	City & State Ponte Vedra, Bch, FLA.
Zip 32082	Country ST. JOHNS

1st MOORE CR2E034 (10/04)

4. FEI Number 59-2592972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, ROBERT L. 2206 GLENCOE DR. ORANGE PARK FL 32073	
7. Name and Address of New Registered Agent Name GEORGE, Robert L. Street Address (P.O. Box Number is Not Acceptable) 800 BOARDWALK DR #622 City Ponte Vedra Bch FL Zip Code 32082	

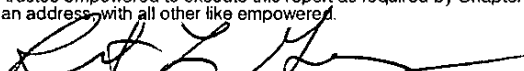
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE, ROBERT L. 2206 GLENCOE DR. ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE, Robert L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 BOARDWALK DR #622 Ponte Vedra Bch, FLA - 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GEORGE, SANDRA LEE 2206 GLENCOE DR. ORANGE PARK FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/24/05** **904-705-8184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #