2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K81784

Entity Name

EQUITY MORTGAGE GROUP, INC.



Principal Place of Business . . .

Mailing Address

% WILLIAM T. PAPPAS 3632 GALLION RD. JACKSONVILLE, FL 32207 3632 GALLION RD. JACKSONVILLE, FL 32207. US

- | | | | | |

01052004

No Chg-P

CR2E034 (10/03)

FILED

Feb 04, 2004 08:00 AM Secretary of State

4. FEI Number 59-2943096

Applied For Not Applicable

5. Certificate of Status Desired

2-3-2004

904-398-6220

Daytime Phone #

\$8.75 Additional Fee Required

| Name and Address | | | |
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| | | | |
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| | | | |

PAPPAS, WILLIAM T. 3632 GALLION RD. JACKSONVILLE, FL 32207

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plants of registered agent. | ourpose of changing its registered | ed office or reg | listered agent, or bot | h, in the State of Florida. I am familiar with, and accept |
|---|---|---|---|--|--|
| SIGNATURE. | | | | | |
| | Signature, typed or printed name of registered agent and tide | if applicable (NOTE, Registered | d Agent signature re | quired when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | icing | | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TIFLE NAME STREET ADDRESS CHY-SI-ZIP | D REMLEY, KENNETH G. 3532 BOATWRIGHT WAY WEST JACKSONVILLE, FL | | | | U00000036395 02/06/04-80058-001 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TYRE, T. ALLEN, JR. 4309 SHERWOOD RD. JACKSONVILLE, FL | - · · · - | | | |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP | D PAPPAS, WILLIAM T. 7853 GROVETON HILLS PLACE JACKSONVILLE, FL | | | DO | NOT WRITE |
| THE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | THIS SPACE |
| THLE HAME STREET ADDRESS CHY ST ZIP | | | | | |
| NAME NAME STREET ADDRESS CITY ST-ZIP | | | | | |
| 12. I hereby of indicated of the conchanged. | ertify that the information supplied with this li on this report or supplemental report is true a poration or the receiver or trustee empowered or on an atta imment with an address, with all | ling does not qualify for the exem and accurate and that my signatu d to execute this report as require I other like empowered | mption stated i ure shall have red by Chapter | n Section 119.07(3)(the same legal effec r 607, Florida Statute | i), Florida Statutes, I further certify that the information it as if made under oath, that I am an officer or director s; and that my hame appears in Block 10 or Block 11 if |

Kerneth G Remley

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR