


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # K83164 1. Entity Name KENDALL MORTGAGE CORPORATION	
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Principal Place of Business 124 COUNTRY CLUB DRIVE TITUSVILLE FL 32780 US	Mailing Address 124 COUNTRY CLUB DRIVE TITUSVILLE FL 32780 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-2943459	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent KENDALL, GLORIA G 124 COUNTRY CLUB DRIVE TITUSVILLE FL 32780	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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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	VSD KENDALL, GLORIA G. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	124 COUNTRY CLUB DRIVE	NAME	STREET ADDRESS
STREET ADDRESS	TITUSVILLE FL	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	KENDALL, ANA M.	NAME	000000188899
STREET ADDRESS	124 COUNTRY CLUB DR	STREET ADDRESS	01/24/05-80074-005 150.00
CITY - ST - ZIP	TITUSVILLE FL	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
CITY - ST - ZIP	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	KENDALL, JOHN W.	NAME	STREET ADDRESS
STREET ADDRESS	124 COUNTRY CLUB DRIVE	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	TITUSVILLE FL	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	<input type="checkbox"/> Delete	NAME	STREET ADDRESS
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	<input type="checkbox"/> Delete	NAME	STREET ADDRESS
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>GLORIA G. KENDALL</u> <i>Gloria G. Kendall</i>	1-18-05	(321) 2670113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #