2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# K85921

Entity Name: THOMAS MORTGAGE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

% PEGGY A. THOMAS
1180 SPRING CENTRE SOUTH #223
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

% PEGGY A. THOMAS
1180 SPRING CENTRE SOUTH #223
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2946059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, PEGGY A.
304 PARTRIDGE LANE
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: THOMAS, PEGGY A.,
Address: 304 PARTRIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: THOMAS, PEGGY A.,
Address: 304 PARTRIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: VSD ( ) Delete
Name: BENNETT, ROSS G
Address: 33403 E LAKE JOANNA DR
City-St-Zip: EUSTIS, FL 32736

Title: VD ( ) Delete
Name: CARLTON, MICHAEL H
Address: 2757 NIGHT HAWK CT
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete
Name: GOODPASTURE, KEVIN M
Address: 1433 WINSTON RD.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY A. THOMAS P 01/07/2004
Electronic Signature of Signing Officer or Director — Date