


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000086299</b> 1. Entity Name T. M. Y. MORTGAGE CONSULTANTS, INC.			
Principal Place of Business 6944 ST. AUGUSTINE RD STE A JACKSONVILLE, FL 32217		Mailing Address 6944 ST. AUGUSTINE RD STE A JACKSONVILLE, FL 32217	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number 59-3670425	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  THOMAS, SYLVIA M 6944 ST. AUGUSTINE RD STE A JACKSONVILLE, FL 32217		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/16/04-80039-017 150.00	
TITLE	PM	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	THOMAS, SYLVIA M		
STREET ADDRESS	4474 SUMMER HAVEN BLVD S		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		
TITLE	V		
NAME	THOMAS, MICHAEL J		
STREET ADDRESS	4474 SUMMER HAVEN BLVD S		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Sylvia M. Thomas 04-15-04 904-828-0072	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Days/Time Phone #	