


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000098759</b> 1. Entity Name FLAGSHIP MORTGAGE BANC, INC.	
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Principal Place of Business 205 S. W. C. OWEN CLEWISTON, FL 33440	Mailing Address P.O. BOX 1779 CLEWISTON, FL 33440
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**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1063034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.  
1501 PARK AVE E  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SHUPE, CHRISTOPHER H 205 S. W. C. OWEN CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUELL, JACK A 205 S. W. C. OWEN CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP KNOWLTON, LINDA 205 S. W. C. OWEN CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STEINMETZ, RAYMOND W JR 205 S WC OWEN AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000013439  
01/26/04-80053-021 150.00

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IN THIS SPACE**

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:**  **RAYMOND W. STEINMETZ JR** 1-21-04 863 983 6181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #