


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000012663		
1. Entity Name GA MORTGAGE SERVICES INC.		
Principal Place of Business 3390 MYSTIC RIVER DR NAPLES, FL 34120		Mailing Address 3390 MYSTIC RIVER DR NAPLES, FL 34120
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOORE, GERALDINE L 3390 MYSTIC RIVER DR NAPLES, FL 34120		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOORE, GERALDINE L 3390 MYSTIC RIVER DR NAPLES, FL 34120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOORE, ALSTORK E 3390 MYSTIC RIVER DR NAPLES, FL 34120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Alstork E. Moore</u> 4/14/04 239-352-6288		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3698003	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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04/19/04-80090-015 158.75