


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90307 026 \*\*\*150.00

<b>DOCUMENT # P01000049614</b>					
<b>1. Entity Name</b> BLUE MARLIN MORTGAGE OF SOUTHWEST FLORIDA, INC.					
<b>Principal Place of Business</b> 5623 NAPLES BLVD. NAPLES, FL 34109			<b>Mailing Address</b> 5623 NAPLES BLVD. NAPLES, FL 34109		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		<b>94055925</b>	
City & State		City & State		04122004    Chg-P    CR2E034 (10/03)	
Zip		Country		<b>4. FEI Number</b> 59-3716932	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PERRY, DAVID L 1786 TRADE CENTER WAY STE 6 NAPLES, FL 34109			<b>7. Name and Address of New Registered Agent</b> Name: <u>Perry, David L.</u> Street Address (P.O. Box Number is Not Acceptable): <u>5623 Naples Blvd.</u> City: <u>Naples</u> State: <u>FL</u> Zip Code: <u>34109</u>		
<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.</b>					
SIGNATURE: <u>David L. Perry</u> <small>Signature, typed or printed name of registered agent and fee if applicable</small>			DATE: <u>4/12/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: <u>P</u> NAME: <u>PERRY, DAVID L</u> STREET ADDRESS: <u>4372 BITTERN COURT</u> CITY-ST-ZIP: <u>NAPLES, FL 34119</u>	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
SIGNATURE: <u>David L. Perry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/12/04</u> DAYTIME PHONE #: <u>239-254-8290</u>		