

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050222

FILED  
Jul 27, 2004  
Secretary of State

**Entity Name:** TROPICAL DAUPHIN MORTGAGE COMPANY

**Current Principal Place of Business:**

42 NORTH 7TH STREET  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3198  
WINTER HAVEN, FL 338853198

**New Mailing Address:**

**FEI Number:** 59-3732481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAUPHIN, ANN B  
42 NORTH 7TH STREET  
HAINES CITY, FL 33844

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DAUPHIN, ANN B  
Address: 445 EAST THELMA STREET  
City-St-Zip: LAKE ALFRED, FL 338503031

Title: D ( ) Delete  
Name: FEQUIERE, JOANES  
Address: 600 LAKE MARTHA DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: FEQUIERE, JOANES  
Address: 445 E. THELMA STREET  
City-St-Zip: LAKE ALFRED, FL 33850

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: JOANES L. FEQUIERE

ADM

07/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date