

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070510

Entity Name: NET RATE MORTGAGE, INC.

FILED  
Jan 31, 2005  
Secretary of State

## Current Principal Place of Business:

108A 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

108 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695

## Current Mailing Address:

108A 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695

## New Mailing Address:

108 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695

FEI Number: 59-3732136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLISON, PATRICIA D  
106A 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695 US

## Name and Address of New Registered Agent:

ALLISON, PATRICIA D  
108 4TH AVENUE SOUTH  
SAFETY HARBOR, FL 34695 US

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: PAT ALLISON

01/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALLISON, PATRICIA  
Address: 106A 4TH AVENUE SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VSD ( ) Delete  
Name: HOSKINSON, MARY KING  
Address: 106A 4TH AVENUE SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALLISON, PATRICIA  
Address: 108 4TH AVENUE SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VSD (X) Change ( ) Addition  
Name: HOSKINSON, MARY KING  
Address: 108 4TH AVENUE SOUTH  
City-St-Zip: SAFETY HARBOR, FL 34695

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: PAT ALLISON

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

Date