


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000080101						FILED 04 JUL 20 AM 11:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FIRST MORTGAGE TRUST, INC.				Principal Place of Business 140 SOUTH ATLANTIC AVE., #303 ORMOND BEACH, FL 32174			
2. Principal Place of Business 140 S. ATLANTIC AVE Suite, Apt. #, etc. 303				3. Mailing Address 140 SOUTH ATLANTIC AVE., #303 SUITE E-10 ORMOND BEACH, FL 32174			
City & State ORMOND BCH, FL		City & State ORMOND BCH, FL		4. FEI Number 01-0573551		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32176		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07162004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent QUINT, RICHARD 863 PINE FOREST TRAIL W PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name VERONICA MCNEIL Street Address (P.O. Box Number is Not Acceptable) 37 SEA GULL DR City ORMOND BCH FL Zip Code 32176			
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 <u>Veronica McNeil</u> VERONICA MCNEIL 7/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINT, RICHARD <input checked="" type="checkbox"/> Delete PO BOX 1946 ORMOND BEACH, FL 32175			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERONICA MCNEIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 37 SEA GULL DR ORMOND BCH, FL 32176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTER E. MCNEIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 37 SEA GULL DR ORMOND BCH, FL 32176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Veronica McNeil</u> VERONICA MCNEIL 7/16/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date Daytime Phone #			