

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000089415

1. Entity Name  
 SECURE MORTGAGE, INC.



Principal Place of Business  
 822 SE 46TH LANE  
 CAPE CORAL, FL 33904

Mailing Address  
 822 SE 46TH LANE  
 CAPE CORAL, FL 33904

*Dept. of State*



**DO NOT WRITE IN THIS SPACE**

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1142080 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEL, DOUGLAS F  
 822 SE 46TH LANE  
 CAPE CORAL, FL 33904

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEL, DOUGLAS F
STREET ADDRESS	3127 SE 10TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	KENNEL, REGINA M
STREET ADDRESS	3127 SE 10TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000182981  
 01/19/05-80050-006 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-14-05*