## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000107625

JACKSONVILLE, FL 32277

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Entity Name: TOTAL CARE MORTGAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6501 ARLINGTON EXPRESSWAY SUITE-B156 JACKSONVILLE, FL 32211 **New Mailing Address: Current Mailing Address:** 6501 ARLINGTON EXPRESSWAY SUITE-156 JACKSONVILLE, FL 32211 FEI Number: 59-3750510 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, RONALD J 6640 LENCZYK DRIVE JACKSONVILLE, FL 32277 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: OPD () Delete Title: () Change () Addition WRIGHT, RONALD J Name: Name: 6640 LENCZYK DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: ( ) Delete Title: STD Title: () Change () Addition Name: WRIGHT, SHARON Name: 6640 LENCZYK DRIVE Address: Address:

City-St-Zip:

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.

Ρ SIGNATURE: RONALD J. WRIGHT 04/30/2004