2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000002488

1. Entity Name
SOUTHLAND FINANCIAL MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
9363 W SAMPLE RD CORAL SPRINGS, FL 33065	9363 W SAMPLE RD CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

04202004   No Chg-P   CR2E034 (10/03)

4. FEI Number 26-0030948	Applied For Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAEMER, SAM
9363 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

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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 _____ 4/20/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	H000000127449 04/23/04-80073-023 150.00

10.   **OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CIVETTINI, CHRISTINE
STREET ADDRESS	4901 NW 106TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Christine Civettini   4/20/04   954-755-8429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #