

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008621

FILED  
Jan 14, 2004  
Secretary of State

Entity Name: SENSIBLE MORTGAGE SOLUTIONS, INC.

## Current Principal Place of Business:

9951 ATLANTIC BLVD.  
SUITE 320  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

6112 ARLINGTON ROAD  
JACKSONVILLE, FL 32211

## Current Mailing Address:

9951 ATLANTIC BLVD.  
SUITE 320  
JACKSONVILLE, FL 32225

## New Mailing Address:

6112 ARLINGTON ROAD  
JACKSONVILLE, FL 32211

FEI Number: 59-3750580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HYNES, JOSHUA J  
1635 RIVERGATE TRAIL  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

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:

Title: CEO ( ) Delete  
Name: VORST, LAVERN W  
Address: 434 CHARLES PICKNEY STREET  
City-St-Zip: ORANGE PARK, FL 32073

Title: CFOD ( ) Delete  
Name: W. ROGER WHITEHEAD,  
Address: 4165 OLD MILL COVE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD ( ) Delete  
Name: HYNES, JAMES R  
Address: 11810 INDIAN BLUFF COVE  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOD (X) Change ( ) Addition  
Name: JASON, SLAVESKI A  
Address: 1007 20TH STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP (X) Change ( ) Addition  
Name: W. ROGER WHITEHEAD,  
Address: 4165 OLD MILL COVE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Change ( ) Addition  
Name:  
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.

SIGNATURE: JAMES R. HYNES

PD

01/14/2004

Electronic Signature of Signing Officer or Director

Date