

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


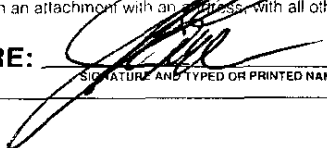
FILED

04 MAR 29 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000018363					
1. Entity Name UNBOUND MORTGAGE CORPORATION					
Principal Place of Business 1265 S. SEMORAN BLVD BLDG 4 SUITE 1217 WINTER PARK, FL 32792			Mailing Address PO BOX 2472 DUNEDIN, FL 34697		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0398352	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOWE, JOHN W 350 BEL TREES STREET DUNEDIN, FL 34698			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____					
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	PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWE, JOHN R		NAME		
STREET ADDRESS	1265 S. SEMORAN BLVD, SUITE 1217		STREET ADDRESS	900031548709	
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	03/31/04--01019--003 **61.25	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWE, SUSAN S		NAME		
STREET ADDRESS	PO BOX 2472		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34697		CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN R. LOWE		NAME		
STREET ADDRESS	1265 S. SEMORAN, STE 1217		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARYLINE LOWE		NAME		
STREET ADDRESS	1265 S. SEMORAN, STE 1217		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			JOHN R. LOWE 407-677-4038		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

7