


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000023678	
1. Entity Name BEECHTREE MORTGAGE, INC.	

Principal Place of Business 875 CLARK ST STE B OVIEDO, FL 32765	Mailing Address 875 CLARK ST STE B OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

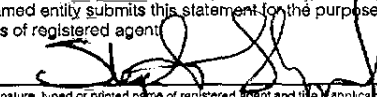
4. FEI Number 47-0850865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THAGGARD, STEPHEN
875 CLARK ST
STE B
OVIEDO, FL 32765

**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  DATE 1-31-05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THAGGARD, STEPHEN 875 CLARK ST STE B OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THAGGARD, KAREN E 875 CLARK ST STE B OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRZANOWSKI, MARY 875 CLARK ST STE B OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/03/05-80046-001 150.00

**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)(f), 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: Mary Chrzanowski MARY CHRZANOWSKI 1-31-05 407-359-6425