


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90102 044 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P02000052922 1. Entity Name VICTORY RESIDENTIAL MORTGAGE SERVICES, INC. | | | |  | |
| Principal Place of Business 4113 BENDER RD JACKSONVILLE, FL 32207 | | | Mailing Address 4113 BENDER RD JACKSONVILLE, FL 32207 | | |
| 2. Principal Place of Business 6015 E. MORROW ST. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. 211 | | Suite, Apt. #, etc. | | | |
| City & State Jacksonville, FL | | City & State | | 4. FEI Number 04-3621569 | |
| Zip 32207 | | Country DOVAL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCQUEEN, VALERIE R 4113 BENDER RD JACKSONVILLE, FL 32207 | | | | 7. Name and Address of New Registered Agent 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 <u><i>Valerie R. McQueen</i></u> DATE <u><i>3/9/04</i></u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PCEO MCQUEEN, VALERIE R 4113 BENDER RD JACKSONVILLE, FL 32207 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RECTOR, TROY C JR. 4113 BENDER RD JACKSONVILLE, FL 32207 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RECTOR, TIERA L 4113 BENDER RD JACKSONVILLE, FL 32207 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 fee empowered. | | | | | |
| SIGNATURE: <u><i>Valerie R. McQueen</i></u> DATE <u><i>4/20/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |