

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90058 036 \*\*\*158.75

<b>DOCUMENT # P02000117060</b>	
1. Entity Name FLORIDA HOMETOWN MORTGAGE, INC.	

Principal Place of Business 17320 PANAMA CITY BEACH PARKWAY SUITE 209 PANAMA CITY BEACH, FL 32413	Mailing Address 11208 HUTCHISON BLVD. #148 PANAMA CITY BEACH, FL 32407
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94023110

2. Principal Place of Business 17320 PANAMA CITY BCH PKWY	3. Mailing Address 2335 E. BALDWIN RD.
Suite, Apt. #, etc. SUITE 208	Suite, Apt. #, etc.
City & State PANAMA CITY BEACH, FL	City & State PANAMA CITY, FL
Zip 32413	Country
Zip 32405-5801	Country



02272004 Chg-P CR2E034 (10/03)

4. FEI Number 81-0589525	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRUITT, JAMES F 13110 AGAVE STREET PANAMA CITY BEACH, FL 32407	7. Name and Address of New Registered Agent Name: James F Truitt Street Address (P.O. Box Number is Not Acceptable) 2722 East 6th Street City: Panama City FL Zip Code: 32401
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TRUITT, JAMES F 13110 AGAVE STREET PANAMA CITY BEACH, FL 32407 <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
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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 like empowered.

**SIGNATURE:**  **Director** 2-27-2004 850-896-5626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #