
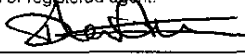
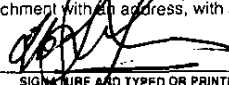


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90259 044 \*\*\*150.00

DOCUMENT # P02000120834			
1. Entity Name <b>WORLD FINANCIAL MORTGAGE, INC.</b>			
Principal Place of Business <b>7300 ALOMA AVE WINTER PARK, FL 32792</b>		Mailing Address <b>301 N CATTLEMEN RD STE 205 SARASOTA, FL 34232</b>	
2. Principal Place of Business		3. Mailing Address <b>3263 S. John Young Parkway</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Kissimmee, Florida</b>	
Zip	Country	Zip <b>34746</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>SCHIPPER, JAMES R 301 N CATTLEMEN RD STE 205 SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent Name <b>Dean Lacey-Freeman</b> Street Address (P.O. Box Number is Not Acceptable) <b>3263 S. John Young Parkway Kissimmee FL 34746</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">SIGNATURE </div> <div style="width: 40%; text-align: center;">Dean Lacey-Freeman</div> <div style="width: 30%; text-align: right;">DATE</div> </div> <p style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</p>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLES, JASON D 301 N CATTLEMEN RD STE 205 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S Dean Lacey-Freeman 3261 S. John Young Parkway Kissimmee, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEAL, LARRY 7300 ALOMA AVE WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, Terence A. Lacey-Freeman 3261 S. John Young Parkway Kissimmee, FL 34746 <input type="checkbox"/> Change <input checked="" 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
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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: 		Terence A. Lacey-Freeman, Director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

407-390-7340