

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-17-2004 90026 028 \*\*\*\*70.00  
FILED P02000125242

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

94010111



MOORE CR2E034 (11/03)

<b>DOCUMENT # P02000125242</b>					
<b>1. Entity Name</b> TRUST HOUSE MORTGAGE, INC.					
<b>Principal Place of Business</b> 4901 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE FL 33308			<b>Mailing Address</b> 4901 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE FL 33308		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> AP-PLIED FOR	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WEST, RAY B 4901 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE FL 33308			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEST, RAY B 4901 NORTH FEDERAL HIGHWAY #300 FORT LAUDERDALE FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C + D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEST, ROBERT E 4901 NORTH FEDERAL HIGHWAY #300 FORT LAUDERDALE FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OTERO, AL 4901 NORTH FEDERAL HIGHWAY #300 FORT LAUDERDALE FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P + D <input checked="" 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	200029572962 03/01/04--01038--003 **88.75 <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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ray B. West</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/9/04 954-351-2088 Date Daytime Phone #		