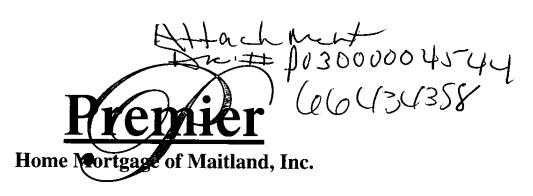
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Oct 01, 2004 8:00 am **Secretary of State** DOCUMENT # P03000004544 02-18-2004 90021 018 \*\*\*150.00 PREMIER HOME MORTGAGE OF MAITLAND, INC. Principal Place of Business Mailing Address OUCTUTUU 205 AVENUE K SE 205 AVENUE K SE WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business //0 N. Orlando Ave 3. Mailing Address 10 N. Orberda Suite, Apt. #, etc. Suite 3 09292004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For Hand 36-4517610 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stephanie Whitley SCHREIBER-BUSH, JANET Street Address (P.O. Box Number is Not Acceptable) 205 AVENUE K SE WINTER HAVEN, FL 33880 ing Arthur a 1640 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 agenty SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ TITLE **Z**Delete TITLE ☐ Change ☐ Addition NAME BUSH, GEORGE TRENEN NAME STREET ADDRESS 205 AVENUE K SE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP ☐ Delete TITLE President TITLE **∕** Change ☐ Addition NAME WHITLEY, STEPHANIE NAME STREET ADDRESS 1640 KING ARTHUR CIRCLE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 GITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STRICKLAND, LEWANN NAME NAME STREET ADDRESS PO BOX 225 STREET ADDRESS CITY-ST-ZIP ALTURAS, FL 33820 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DITE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #



September 29, 2004

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE: FEI#36=45-176-10; Annual Report #P03000004544

I have paid our \$150 fee in February and have filed a report making changes, but they were not made. I contacted your department by email and was told to print out a new form and resubmit it with this letter of explanation. Please contact me if I need to do anything else.

Thank you,

Stephanie Whitley

President

Enclosures (1)

True, in