


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90016 034 \*\*\*\*50.00  
02-12-2004 90007 045 \*\*\*100.00

<b>DOCUMENT # P03000008897</b> 1. Entity Name <b>LIGHTHOUSE MORTGAGE ENTERPRISES CO.</b>					
Principal Place of Business <b>5260 W IRLO BRONSON HWY STE 115 KISSIMMEE, FL 34746-6</b>			Mailing Address <b>5260 W IRLO BRONSON HWY STE 115 KISSIMMEE, FL 34746-6</b>		
2. Principal Place of Business <b>600 N Thacker Ave Suite D54 Kiss FL</b>			3. Mailing Address <b>600 N Thacker Ave Suite D54 Kiss FL</b>		
City & State <b>KISS FL</b>		City & State <b>KISS FL</b>		4. FEI Number <b>50231-231-0</b>	
Zip <b>34741</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>Linda Santana</u> DATE: <u>1/16/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>					
<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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANTANA, LINDA 5260 W IRLO BRONSON HWY STE 115 KISSIMMEE, FL 34746</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Owner Linda Santana 600 N Thacker Ave Ste D54 KISS FL 34741</b>	
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	
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: <u>Linda Santana</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>1/16/04</u> (407) 944-1787 <small>Date Daytime Phone #</small>		

**44010656**



01122004 Chg-P CR2E034 (10/03)



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

January 27, 2004

**LIGHTHOUSE MORTGAGE ENTERPRISES CO.**  
600 N THACKER AVE.  
SUITE D54  
KISSIMMEE, FL 34746-6

Subject: **LIGHTHOUSE MORTGAGE ENTERPRISES CO.**

Reference Number: **P03000008897**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mw

ANNUAL REPORTS SECTION