
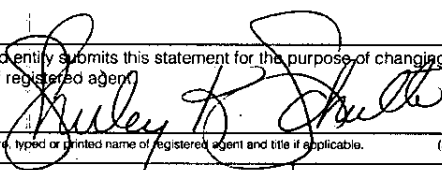
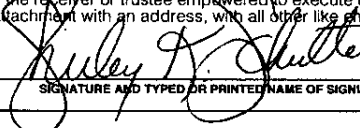


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90119 048 \*\*\*150.00

<b>DOCUMENT # P03000011104</b> 1. Entity Name <b>FLORIDA HOME MORTGAGE SOLUTIONS, INC.</b>					
Principal Place of Business <b>7675 SE CROSSRIP ST. HOBE SOUND, FL 33455</b>			Mailing Address <b>7675 SE CROSSRIP ST. HOBE SOUND, FL 33455</b>		
2. Principal Place of Business <b>10 SE Central Parkway Ste 130</b>		3. Mailing Address <b>Ste 130</b>			
Suite, Apt. #, etc. <b>Ste 130</b>		Suite, Apt. #, etc. <b>Ste 130</b>			
City & State <b>Stuart, FL</b>		City & State <b>Stuart, FL</b>			
Zip <b>34994</b>		Country <b>MARTIN</b>		Zip <b>34994</b>	
Country <b>MARTIN</b>		Country <b>MARTIN</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>SCHULTE, SHIRLEY 7675 SE CROSSRIP ST. HOBE SOUND, FL 33455</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  DATE: <b>7/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input type="checkbox"/> Delete			
NAME	SCHULTE, SHIRLEY				
STREET ADDRESS	7675 SE CROSSRIP ST.				
CITY-ST-ZIP	HOBE SOUND, FL 33455				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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.					
SIGNATURE:  <b>SHIRLEY K. SCHULTE</b> <b>7/2/04</b> <b>(772) 283-7900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

