

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91041 032 ***150.00

DOCUMENT # P03000019076

1. Entity Name
LONGLEAF MORTGAGE, INC.



Principal Place of Business
**4720 SALISBURY RD.
#223
JACKSONVILLE, FL 32256**

Mailing Address
**4720 SALISBURY RD.
#223
JACKSONVILLE, FL 32256**



2. Principal Place of Business
7818 CHASE MEADOWS DR. W. 7818 CHASE MEADOWS DR. W.
Suite, Apt. #, etc.

3. Mailing Address
7818 CHASE MEADOWS DR. W.
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE, FL
Zip
32256
Country
USA

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JACKSONVILLE, FL
Zip
32256
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USA

4. FEI Number
710941357
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TILLMAN, BRAD B
4720 SALISBURY RD.
#223
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name
BRAD B. TILLMAN
Street Address (P.O. Box Number is Not Acceptable)
7818 CHASE MEADOWS DR. W.
City
JACKSONVILLE FL Zip Code
32256

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 **BRAD B. TILLMAN** **4/30/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TILLMAN, BRAD B	4720 SALISBURY RD #223	JACKSONVILLE, FL 32256	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	BRAD B. TILLMAN	7818 CHASE MEADOWS DR. W.	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 the 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 employment.

SIGNATURE:

BRAD B. TILLMAN **4/30/04** **(904) 997-8727**