


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91050 008 ***150.00

DOCUMENT # P03000020414 1. Entity Name DIRECT FLORIDA MORTGAGE, INC.			
Principal Place of Business 2700 NW 44TH STREET UNIT 404 OAKLAND PARK, FL 33309		Mailing Address 2700 NW 44TH STREET UNIT 404 OAKLAND PARK, FL 33309	
2. Principal Place of Business 4620 W. Commercial Blvd Suite, Apt. #, etc. Stella City & State TAMARAC, FL Zip 33319		3. Mailing Address 2161 Champions Way Suite, Apt. #, etc. North Lauderdale, FL City & State North Lauderdale, FL Zip 33068	
4. FFL Number 42-1577134		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, THERESA L 2700 NW 44TH STREET UNIT 404 OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name Theresa L. Lee Street Address (P.O. Box Number is Not Acceptable) 2161 Champions Way City North Lauderdale FL Zip Code 33068	
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 Theresa L. Lee <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEE, THERESA L 2700 NW 44TH STREET, UNIT 404 OAKLAND PARK, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Theresa L. Lee 2161 Champions Way North Lauderdale, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, ROBERT H 3219 NW 22ND AVENUE OAKLAND PARK, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert H. Thompson 3041 N.E. 3rd Ave OAKLAND PARK, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, JUNA 3219 NW 22ND STREET OAKLAND PARK, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juna Thompson 4620 W. Commercial Blvd Tamarac FL 33319 <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	<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: Theresa L. Lee <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/26/04 Daytime Phone # 754 234-1643	