

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/30.

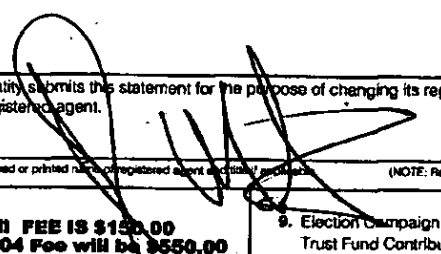
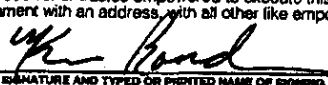
FILED
Jun 07, 2004 8:00 am
Secretary of State

04-30-2004 90231 012 ***150.00

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03012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000036832			
1. Entity Name DOCTOR MORTGAGES INC.			
Principal Place of Business 3371 TIMUCUA CIRCLE ORLANDO, FL 32837		Mailing Address 3371 TIMUCUA CIRCLE ORLANDO, FL 32837	
2. Principal Place of Business 5449 S. SEMORAN BLVD		3. Mailing Address 5449 S. SEMORAN BLVD	
Suite, Apt. #, etc. Suite # 231		Suite, Apt. #, etc. Suite 231	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32822	Country ORANGE	Zip 32822	Country ORANGE
4. FEI Number 38-3677232		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATOS, JOHNNY 3371 TIMUCUA CIRCLE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Johnny Matos DATE 4/6/04 (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete President KEVIN L. Boudreaux 5449 S. SEMORAN BLVD., #231 ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:  KEVIN L. Boudreaux		Date 6/3/04 Daytime Phone # 407-447-5935	