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

DOCUMENT # P03000036832

1. Entity Name
DOCTOR MORTGAGES INC.

Principal Place of Business	Mailing Address
3371 TIMUCUA CIRCLE ORLANDO, FL 32837	3371 TIMUCUA CIRCLE ORLANDO, FL 32837

66427041

2. Principal Place of Business	3. Mailing Address
5449 S. SEMORAN BLVD	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

03012004 Chg-P CR2E034 (10/03)

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 4/6/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: KEVIN L. Boudreaux STREET ADDRESS: 5449 S. SEMORAN BLVD., #231 CITY-ST-ZIP: ORLANDO, FL 32822	☐ 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 6/3/04 407-447-5935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #