

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90268 008 ***150.00



DOCUMENT # P03000036990	
1. Entity Name PRESCOTT MORTGAGE, INC.	
Principal Place of Business 2375-103 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE FL 32246 US	Mailing Address 2375-103 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE FL 32246 US



MOORE CR2E034 (11/03)

2. Principal Place of Business 2375-102 ST JOHNS BLUFF	3. Mailing Address 2375-102 ST JOHNS BLUFF
Suite, Apt. #, etc. ROAD SOUTH	Suite, Apt. #, etc. ROAD SOUTH.
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32246	Country USA
Zip 32246	Country USA

4. FEI Number 16-1635785	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 WALLIS, LAURA M 5600 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	
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7. Name and Address of New Registered Agent	
Name Laura Carter	
Street Address (P.O. Box Number is Not Acceptable) 1227 Murray Drive	
City Jacksonville	State FL
	Zip Code 32205

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 *Laura Carter* DATE 4-27-04

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOTAR, JASON <input type="checkbox"/> Delete 2375-103 ST. JOHNS BLUFF RD., SOUTH, #103 JACKSONVILLE FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSER, CHERI L. <input type="checkbox"/> Delete 2375-103 ST. JOHNS BLUFF RD., SOUTH, #103 JACKSONVILLE FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSER, LOWELL <input type="checkbox"/> Delete 2375-103 ST. JOHNS BLUFF RD., SOUTH, #103 JACKSONVILLE FL 32246
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 102
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 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: *Jason Kotar* **JASON KOTAR** DATE 4/24/04 DAYTIME PHONE # 904-226-4174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #