

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036990

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: PRESCOTT MORTGAGE, INC.

**Current Principal Place of Business:**

2375-102 ST. JOHNS BLUFF RD. SOUTH  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

2375-102 ST. JOHNS BLUFF RD. SOUTH  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 16-1635785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTE, LAURA  
1227 MURRAY DRIVE  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOTAR, JASON  
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH, #102  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD ( ) Delete  
Name: MOSER, CHERI L  
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH, #102  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete  
Name: MOSER, LOWELL  
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH, #102  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KOTAR, JASON  
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD (X) Change ( ) Addition  
Name: MOSER, CHERI L  
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD (X) Change ( ) Addition  
Name: MOSER, LOWELL  
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON KOTAR

PD

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date