


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90322 011 ***150.00

| | |
|---|---|
| DOCUMENT # P03000040251 |  |
| 1. Entity Name BRITTON MORTGAGE COMPANY | |

| | |
|--|--|
| Principal Place of Business 8359 BEACON BLVD. 416 FORT MYERS, FL 33907 | Mailing Address 8359 BEACON BLVD. 416 FORT MYERS, FL 33907 |
|--|--|

54046578



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04292004 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 33-1051692 | 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 |
| BRITTON, CRISTA L 417 NW 18TH PLACE CAPE CORAL, FL 33993 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

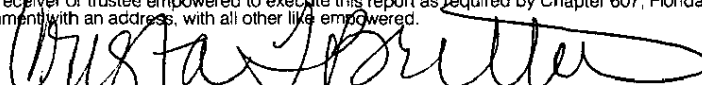
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | P BRITTON, CRISTA L |
| STREET ADDRESS | 417 NW 18TH PL |
| CITY-ST-ZIP | CAPE CORAL, FL 33993 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | VP BRITTON, JEFFERY A |
| STREET ADDRESS | 417 NW 18TH PL |
| CITY-ST-ZIP | CAPE CORAL, FL 33993 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | SEC APPLEBY, ELIZABETH A |
| STREET ADDRESS | 319 SW 19TH LANE |
| CITY-ST-ZIP | CAPE CORAL, FL 33991 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | TRES HERRING, SARA A |
| STREET ADDRESS | 210 SW 45TH STREET |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| 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:  | Date 4/29/04 Daytime Phone # 839-425-2610 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |