


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -1 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000058426	
1. Entity Name SOUTHSORE INTERNATIONAL MORTGAGE CORPORATION	

Principal Place of Business P.O. BOX 7439 NORTHPORT, FL 34287	Mailing Address P.O. BOX 7439 NORTHPORT, FL 34287
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2. Principal Place of Business 1000 TAMIAKI TR Suite, Apt. #, etc.	3. Mailing Address 1000 TAMIAKI TR Suite, Apt. #, etc.
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City & State SARASOTA, FLORIDA	City & State SARASOTA, FLORIDA
Zip 34236	Zip 34236
Country USA	Country USA



09092004 Chg-P CR2E034 (10/03) M

4. FEI Number EIN 90-0087628	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOTH, NEAL 38 RIVERFRONT DRIVE VENICE, FL 34293
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000041571520 10/04/04--01043--004 **150.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTH, NEAL 38 RIVERFRONT DRIVE VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Neal Loth 9-27-04 941 426 0344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #