2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075035

1. Entity Name
LOAN AMERICA MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
3601 CYPRESS GARDENS RD, STE G	3601 CYPRESS GARDENS RD, STE G
WINTER HAVEN, FL 33884 US	WINTER HAVEN, FL 33884 US

DO NOT WRITE IN THIS SPACE

04202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
41-2105103	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRERA, JORGE A
3601 CYPRESS GARDENS RD., STE G
WINTER HAVEN, FL 33884

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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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BARRERA, LISA D
STREET ADDRESS	1520 STOKES RD
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	V
NAME	BARRERA, JORGE A
STREET ADDRESS	1520 STOKES RD
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Lisa D. Barrera_   4/29/05   863 318 8000

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