2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075785

Entity Name: SUMMIT MORTGAGE SERVICES. INC

FILED Apr 05, 2004 Secretary of State

Entity Na	me: SUMMIT	MORTGAGE SERVICES, IN	∪ .		
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	ANTIC BLVD S IVILLE, FL 322			6108 ARLINGTON ROAD JACKSONVILLE, FL 32211	
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
9951 ATLANTIC BLVD STE 320 JACKSONVILLE, FL 32225			6108 ARLINGTON ROAD JACKSONVILLE, FL 32211		
FEI Number	: 58-2675030	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
JACKSON The above	ERGATE TRAII IVILLE, FL 322	223 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Flaction Cou		nic Signature of Registered A	gent	Date	
		g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (HYNES, JAME: 11810 INDIAN JACKSONVILL	BLUFF COVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	CFOD (WHITEHEAD, V 4165 OLD MIL JACKSONVILL	L COVE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JAMES R. HYNES PD 04/05/2004