


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90048 037 ***150.00

DOCUMENT # P03000097005	
1. Entity Name HOME MORTGAGE USA, INC.	

40008514



01052005 No Chg-P CR2E034 (10/03)

Principal Place of Business 1415 COLONIAL BOULEVARD #2 FORT MYERS, FL 33907	Mailing Address 1415 COLONIAL BOULEVARD #2 FORT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0207254	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 WINESETT, RICHARD W 2248 FIRST STREET FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, LARRY A 1415 COLONIAL BOULEVARD #3 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Darlene D. Simons</i> HERMAN, CAROLYN 1415 COLONIAL BLVD. FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIMONS, LARRY A 5364 MALALUKA CT. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMONS, DARLENE D 5364 MALALUKA CT. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  1/7/05 231 939-0601

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