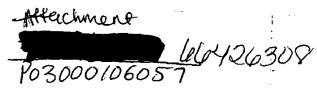
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 03, 2004 8:00 am **Secretary of State** DOCUMENT # P03000106057 04-15-2004 90041 001 ***150.00 1. Entity Name A-ABSOLUTE MORTGAGE COMPANY, INC. Principal Place of Business Mailing Address 129 DERRON DRIVE NAPLES FL 34112 66426308 129 DEBRON DRIVE NAPLES FL 34112 2. Principal Place of Business Alessandria Cir CR2E034 (11/03) City & State 4. FEI Number 20 - 0244 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent Gary BAKER, GARY 129 DEBRON DRIVE Box Number is Not Acceptable) NAPLES FL 34112 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 familia the obligations of registered agent SIGNATURE Signature, typed or pri FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1: 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE TITLE ■ Addition BAKER, GARY NAME NAME 29637 91155andrul 129 DEBRON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 ZOY-ST-ZP TITLE Delete TITLE ☐ Change ☐ Addition JACKSON, FRED NAME NAME STREET ADDRESS 432 SE NINTH PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP TITLE Delete me Change ☐ Addition STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P 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:

FILED



January 9, 2004

Annual Meeting of A-Absolute Mortgage Company, Inc.

The offices of A-Absolute Mortgage Company, Inc met on January 2, 2004. It was decided at the meeting that the activities of A-Absolute Mortgage Company be suspended and the company become inactive, effective immediately.

With mortgage applications limited due to economic conditions and process development, it was decided by the officers that A-Absolute Mortgage be dissolved.

This concluded the annual and final meeting of A-Absolute Mortgage Company, Inc.

Gary Baker, President

#P03066106057

Florida Department of State **Annual Reports Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed is the requested information. Please pardon my oversight of my EIN number (20-0284303) and new address. Since this corporation has been dissolved as of January 2, 2004, I didn't include my new address as of April 14, 2004. That address is:

> Gary Baker 28637 Alessandria Circle Bonita Springs, FL 34135 239-495-6561

If there is anything else I need to do to complete the dissolution of this corporation, please assit me in this matter.

Sincerely:

formerly of A-Absolute Mortgage Company