

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/14/2004-90009-028-\$150.00-\$150.00 *
7/30/2004-90003-018-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11000000



AK

DOCUMENT # P03000106546			
1. Entity Name CHARLEE HOME MORTGAGES, INC.			
Principal Place of Business 949 TAMiami TRAIL SUITE 208 PORT CHARLOTTE, FL 33948		Mailing Address 940 TAMiami TRAIL SUITE 208 PORT CHARLOTTE, FL 33948	
2. Principal Place of Business 949 TAMiami TRAIL 207 SUITE 207 PORT CHARLOTTE, FL 33948 USA		3. Mailing Address 2503 DEL PRADO BLVD STE 505 SUITE 505 CAPE CORAL FL 33904 USA	
City & State PORT CHARLOTTE, FL		City & State CAPE CORAL FL	
Zip 33948		Zip 33904	
Country USA		Country USA	
4. FEI Number 20-0257788		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POPE, RODNEY B 2503 DEL PRADO BLVD STE 505 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, LYNN C 2503 DEL PRADO BLVD STE 505 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		7/23/04 239-574-7800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

PS 293

CHARLEE HOME MORTGAGES, Inc.
Administrative Office
2503 Del Prado Blvd. S Suite 505
Cape Coral, FL 33904-5109

Phone: (239)574-7800
Fax: (239) 573-0922

Florida Department of State
Division of Corporations
P.O Box 1500

Tallahassee, FL 32302-1500

ATTN: ANNUAL REPORTS SECTION

To Whom it May Concern:

Reference: P03000106546

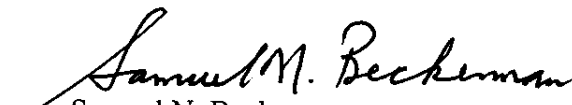
We enclose our corrected annual report, in which we have furnished the Company's FEI # (20-0257788).

Our administrative offices suffered severe damage from Hurricane Charley, resulting in damage to furniture, files and walls and ceilings. (It is only within the recent 10 day period that we have been able to reoccupy and use our offices.

Accordingly, we would request your forbearance in not assessing and late fees with regard to this matter.

Your prompt and favorable response would be greatly appreciated.

Sincerely,


Samuel N. Beckerman
Controller

Attachment PS 3083
44050683
CHARLEE HOME MORTGAGES, INC.
2503 Del Prado Boulevard, S.
Suite 505
Cape Coral, FL 33904-5709307

239-574-7800

July 23, 2004

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom it May Concern:

Reference: Document #P03000106546; Annual Report 2004

We have been informed that our previously submitted Annual Report has been rejected; apparently we omitted a check mark in our original submission indicating that we had not received the original form.

This morning, pursuant to telephonic instructions given to us by your office, we have re-downloaded the Annual Report form, and have properly made the check mark to indicate earlier non-receipt of the form.

We trust that with this current submission, we will be restored to good standing, and that in due course we will receive a refund of the \$150 fee we remitted with our original filing.

We would also respectfully direct your attention to the address changes we have made in boxes 2. and 3. of the Annual Report form, correcting both our business address and our mailing address.

Your prompt processing of these submissions will be greatly appreciated.

Sincerely,


Samuel N. Beckerman
Accountant