

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000108457

1. Entity Name
1ST IN MORTGAGES INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-14-2005 90110 004 ***150.00
05 MAY -9 PM 3:24

Principal Place of Business
25601 RISEN STAR DR. 5046 Silver Charm Terrace
WESLEY CHAPEL, FL 33544

Mailing Address
25601 RISEN STAR DR.
WESLEY CHAPEL, FL 33544

60000004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
APPLIED FOR 320093542

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDE, BRUCE II
25601 RISEN STAR DR. 5046 Silver Charm Terrace
WESLEY CHAPEL, FL 33544

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WILDE, BRUCE II
STREET ADDRESS 25601 RISEN STAR DR. 5046 Silver Charm Terrace
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

☐ Change ☐ Addition

TITLE V ☐ Delete
NAME WILDE, MICHELLE
STREET ADDRESS 25601 RISEN STAR DR. 5046 Silver Charm Terrace
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Bruce Wilde II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05 813-907-3554

Date

Daytime Phone #