

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000136253

1. Entity Name  
SOUTHERN MORTGAGE CAPITAL INC.



**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90755 020 \*\*\*158.75

Principal Place of Business  
134 RIBERIA ST STE 12  
ST AUGUSTINE, FL 32084

Mailing Address

P.O.BOX 5015  
ST AUGUSTINE, FL 32085

2. Principal Place of Business

3. Mailing Address

P.O Box 5105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. AUGUSTINE FL

Zip

Zip

Country

Country

USA

6. Name and Address of Current Registered Agent

GOEDERT, A. SCOTT  
171 HERON'S NEST LN  
ST AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name A. Scott Goedert

Street Address (P.O. Box Number is Not Acceptable)

134 R. heron ST #12

City ST. AUG

FL Zip Code

32084

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

4-28-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GOEDERT, A. SCOTT  
STREET ADDRESS 171 HERONS NEST LN  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 904-823-9561

Date

Daytime Phone #