

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002109

FILED
Apr 27, 2005
Secretary of State

Entity Name: LOSS MITIGATION OF FLORIDA, INC.

Current Principal Place of Business:

4221 BAYMEADOW RD, STE 15
JACKSONVILLE, FL 32217

New Principal Place of Business:

3820-2 WILLIAMSBURG PARK BLVD
JACKSONVILLE, FL 32257

Current Mailing Address:

4221 BAYMEADOW RD, STE 15
JACKSONVILLE, FL 32217

New Mailing Address:

3820-2 WILLIAMSBURG PARK BLVD.
JACKSONVILLE, FL 32257

FEI Number: 34-1978192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, GARY A
2955 HARTLEY RD
STE 101
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANKUS, DAVID M
Address: 4221 BAYMEADOW RD, STE 15
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANKUS, DAVID M
Address: 1794 BOLTON ABBEY DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MANKUS

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date