


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 012 ***150.00

DOCUMENT # P04000023854 1. Entity Name DAVID CHARLES MORTGAGES INC.			
Principal Place of Business 950 S PINE ISLAND RD PLANTATION, FL 33324		Mailing Address 950 S PINE ISLAND RD PLANTATION, FL 33324	
2. Principal Place of Business 9042 STATE ROAD 84 Suite, Apt. #, etc.		3. Mailing Address 9042 STATE ROAD 84 Suite, Apt. #, etc.	
City & State DAVID FL		City & State DAVID FL	
Zip 33324		Zip 33324	
Country		Country	
4. FEI Number 20-0718852		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.		04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR 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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIRARD, MARC 950 S PINE ISLAND RD PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIRARD, MARC 9042 STATE ROAD 84 DAVID, FL. 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHMOND, DONNA 950 S PINE ISLAND RD PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHMOND, DONNA 9042 STATE ROAD 84 DAVID, FL. 33324
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
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: 		Date 4/26/05	