


**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90180 028 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

66008792



<b>DOCUMENT # P04000100090</b> 1. Entity Name <b>PRIME MORTGAGE 1 INC</b>			
Principal Place of Business <b>225 SEA COAST LN          PONTE VEDRA BCH, FL 32082</b>		Mailing Address <b>225 SEA COAST LN          PONTE VEDRA BCH, FL 32082</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number <b>20-1323217</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BALDWIN, GARRET J          225 SEA COAST LN          PONTE VEDRA BCH, FL 32082</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		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 <b>P</b> NAME <b>BALDWIN, GARRET J</b> <input type="checkbox"/> Delete STREET ADDRESS <b>225 SEA COAST LN</b> CITY- ST- ZIP <b>PONTE VEDRA BCH, FL 32082</b>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP	
TITLE <b>ST</b> NAME <b>BALDWIN, CAROL</b> <input type="checkbox"/> Delete STREET ADDRESS <b>225 SEA COAST LN</b> CITY- ST- ZIP <b>PONTE VEDRA BCH, FL 32082</b>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <i>Carol A. Baldwin, Sec</i>		3/5/2005 904-285-6299	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #	
<b>CAROL A. BALDWIN</b>			