

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139233

**FILED**  
**Jan 25, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA STATE MORTGAGE PROFESSIONALS, INC.

**Current Principal Place of Business:**

5771 SCOTTLAND ROAD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

18 E BURGESS RD  
PENSACOLA, FL 32503

**Current Mailing Address:**

5771 SCOTTLAND ROAD  
PENSACOLA, FL 32526

**New Mailing Address:**

18 E BURGESS RD  
PENSACOLA, FL 32503

FEI Number: 20-1723435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIS, SHANE  
5771 SCOTTLAND ROAD  
PENSACOLA, FL 32526 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: WILLIS, SHANE  
Address: 5771 SCOTTLAND ROAD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHANE WILLIS

D

01/25/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date