

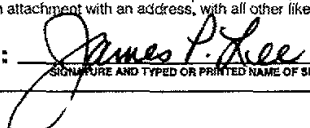


Apr 12
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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000005587						
1. Entity Name CONCH REPUBLIC MORTGAGE CORP.						
Principal Place of Business 82681 OVERSEAS HWY ISLAMORADA, FL 33036	Mailing Address PO BOX 1913 ISLAMORADA, FL 33036	 04072004 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 65-0475160</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0475160	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent LEE, KAREN 81990 OVERSEAS HIGHWAY SUITE 301B ISLAMORADA, FL 33036		DO NOT WRITE IN THIS SPACE				
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees U00000108682 04/12/04-80012-020 150.00				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, KAREN L. 128 BAYVIEW ISLE DR. ISLAMORADA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, JAMES P. 128 BAYVIEW ISLE DR. ISLAMORADA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE					
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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)(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:  JAMES P. LEE 4/7/04 (305)664-4555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						