
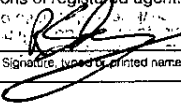
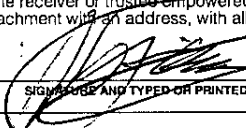


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90049 022 ***150.00

DOCUMENT # P94000067258 1. Entity Name SELBY MORTGAGE & INVESTMENT CORP.					
Principal Place of Business 228C E. NEW YORK AVE DELAND, FL 32724 US			Mailing Address 228C E. NEW YORK AVE DELAND, FL 32724 US		
2. Principal Place of Business 312 S. WOODLAND BLVD.		3. Mailing Address 312 S. WOODLAND BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELAND FL.		City & State DELAND FL.		4. FEI Number 59-3268549	
Zip 32720		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELBY, ROBBIE R. 228C E. NEW YORK AVE DELAND, FL 32724			7. Name and Address of New Registered Agent Name SELBY, ROBBIE R. Street Address (P.O. Box Number is Not Acceptable) 312 S. WOODLAND BLVD. City DELAND FL Zip Code 32720		
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  ROBBIE SELBY VICE PRESIDENT DATE 4/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME SELBY, ROBBIE STREET ADDRESS 228 C E. NEW YORK AVE CITY-ST-ZIP DELAND, FL 32724			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PT <input type="checkbox"/> Delete NAME FIERRO, WILLIAM STREET ADDRESS 228C E. NEW YORK AVENUE CITY-ST-ZIP DELAND, FL 32724			TITLE PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME FIERRO, WILLIAM STREET ADDRESS 312 S. WOODLAND BLVD. CITY-ST-ZIP DELAND, FL 32720		
TITLE VPS <input type="checkbox"/> Delete NAME SELBY, ROBBIE STREET ADDRESS 228C E. NEW YORK AVENUE CITY-ST-ZIP DELAND, FL 32724			TITLE UP S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SELBY-ROBBIE STREET ADDRESS 312 S. WOODLAND BLVD. CITY-ST-ZIP DELAND, FL 32720		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 4/15/04 Daytime Phone # 386-734-8700		