


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90309 036 ***150.00

DOCUMENT # P95000085100
 1. Entity Name
REAL ESTATE MORTGAGE PROFESSIONALS, INC.



*Principal Place of Business Mailing Address
610 SOUTH MAITLAND AVENUE **610 SOUTH MAITLAND AVENUE**
MAITLAND, FL 32751 **MAITLAND, FL 32751**

40068923

2. Principal Place of Business 3. Mailing Address
~~**471 N. MAITLAND AVENUE**~~ ~~**471 N. MAITLAND AVENUE**~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01072005 Chg-P CR2E034 (10/03)

City & State City & State
MAITLAND, FL 32751 **MAITLAND, FL 32751**
 Zip Country Zip Country
32751 USA **32751 USA**

4. FEI Number Applied For
59-3344303 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HALL, GREGORY B
~~**610 S. MAITLAND AVE**~~
MAITLAND, FL 32751

Name **HALL, GREGORY B.**
 Street Address (P.O. Box Number is Not Acceptable)
471 N. MAITLAND AVE.
 City **MAITLAND** **FL** Zip Code **32751**

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  **GREGORY B. HALL** **4/22/05**
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D/P BRUNER, TERRY A 610 S. MAITLAND MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV HALL, GREGORY B 610 S. MAITLAND MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 471 N. MAITLAND AVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA PRES. MENCIS, CHRISTOPHER J. 610 S. MAITLAND MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 471 N. MAITLAND AVE MAITLAND, FL 32751
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
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:  **GREGORY B. HALL** **4/22/05** **407 629-8808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #