

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000056187

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: GOLDEN RULE MORTGAGES, INC.

## Current Principal Place of Business:

792 W. LUMSDEN RD.  
BRANDON, FL 33511 US

## New Principal Place of Business:

138 E. BLOOMINGDALE AVE.  
BRANDON, FL 33511 US

## Current Mailing Address:

792 W. LUMSDEN RD.  
BRANDON, FL 33511 US

## New Mailing Address:

138 E. BLOOMINGDALE AVE.  
BRANDON, FL 33511 US

FEI Number: 59-3391169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OWEN, JOSEPH M  
792 WEST LUMSDEN RD  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

OWEN, JOSEPH M  
138 E. BLOOMINGDALE AVE.  
BRANDON, FL 33511 US

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: JOSEPH M. OWEN

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OWEN, JOSEPH M  
Address: 792 WSET LUMSDEN DR  
City-St-Zip: BRANDON, FL 33511

Title: V ( ) Delete  
Name: OWEN, GAIL P  
Address: 792 WEST LUMSDEN RD  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: OWEN, JOSEPH M  
Address: 138 E. BLOOMINGDALE AVE.  
City-St-Zip: BRANDON, FL 33511

Title: V (X) Change ( ) Addition  
Name: OWEN, GAIL P  
Address: 138 E. BLOOMINGDALE AVE.  
City-St-Zip: BRANDON, FL 33511

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: JOSEPH M. OWEN

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date