2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P97000045661

Entity Name: FLORIDA CAPITAL MORTGAGE COMPANY

Current Principal Place of Business:

268A PALM COAST PARKWAY NE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

268A PALM COAST PARKWAY NE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3447327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAAS, JOE
268A PALM COAST PARKWAY NE
PALM COAST, FL 32137 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: PTSD ( ) Delete
Name: HAAS, JOE
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: V ( ) Delete
Name: EVANS, LAWRENCE
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: V ( ) Delete
Name: CHIN, VICTOR
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: V ( ) Delete
Name: THOMPSON, BRENDA LEE
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: V (X) Delete
Name: MORRIS, RENEE
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: V (X) Delete
Name: LASKEY, KENNETH A
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: MORRIS, RENEE
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

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

Title: V (X) Change ( ) Addition
Name: PAGAN, RANDY
Address: 268 A PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

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

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: JOE HAAS PTSD 04/28/2005
Electronic Signature of Signing Officer or Director Date