



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000078678			
1. Entity Name MELBOURNE MORTGAGE COMPANY			
Principal Place of Business 3247 W. NEW HAVEN AVENUE MELBOURNE, FL 32904		Mailing Address 3247 W. NEW HAVEN AVENUE MELBOURNE, FL 32904	
DO NOT WRITE IN THIS SPACE			
		04292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3469871	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUBLETTE, PATRICIA L 3247 W. NEW HAVEN AVENUE MELBOURNE, FL 32904		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 <i>Patricia L. Sublette</i> 4-29-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	U000000144571 04/30/04-80137-019 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRETZ, MATTHEW L 135 NIEMIRA AVE, UNIT EAST INDIALANTIC, FL 32903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SUBLETTE, PATRICIA 29 EDWARD ROAD WEST MELBOURNE, FL 32904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBLETTE, PATRICIA L 293 EDWARD RD MELBOURNE, FL 32935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRETZ, TIMOTHY 631 CROWBERRY RD PALM BAY, FL 32907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: <i>Patricia L. Sublette</i> Patricia L. Sublette 4-29-2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small> 321-837-8982			