2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000044999

1. Entity Name
ENDEAVOUR MORTGAGE INC.

Principal Place of Business	Mailing Address
147 BELCHER RD SUITE 2 LARGO, FL 33771 US	147 BELCHER RD SUITE 2 LARGO, FL 33771 US

DO NOT WRITE IN THIS SPACE

04282004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3512298	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

VAN WAGENEN, H. WILLIAM
147 N BALCHER ROAD STE 2
LARGO, FL 33771

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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 _____

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, 2004 Fee will be $550.00

9. Election Campaign Financing
   Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	VAN WAGENEN, H. WILLIAM
STREET ADDRESS	147 BALCHER ROAD STE 2
CITY-ST-ZIP	LARGO, FL 33771

TITLE	P
NAME	BUXTON, BRAIN P
STREET ADDRESS	147 BELCHER ROAD STE 2
CITY-ST-ZIP	LARGO, FL 33771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/03/04-80050-010 150.00

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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: _Brian P. Buxton_ 4-28-04 727/588-0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #