



FILED  
May 20, 2004 8:00 am  
Secretary of State

04-26-2004 90498 008 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000070866</b>		
1. Entity Name RESORT MORTGAGE, INC.		
Principal Place of Business 5 CENTER ROAD GULF BREEZE, FL 32561		Mailing Address 155 Cristal Beach Dr Po Box 5649 #137 Destin, FL 32541 SITE 303 GULF BREEZE, FL 32561
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CASTLE, MELANIE 155 CRYSTAL BEACH DRIVE, SUITE 135 DESTIN, FL 32541		66423197  04132004 No Chg-P CR2E034 (10/03)
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.		4. FEI Number 59-3530336 Applied For Not Applicable
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTLE, MELANIE 136 BAYWINDS DRIVE DESTIN, FL 32541	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTLE, HARROLL "CHIP" II 136 BAYWINDS DRIVE DESTIN, FL 32541	
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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: <u>Melanie Castle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>		5-14-2004 <small>Date Daytime Phone #</small>