## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000012091

5902 NW 143 PL.

GAINESVILLE, FL 32606

Address: City-St-Zip: FILED May 01, 2005 Secretary of State

DOCOMENT# P99000012091			Secretary of State	
Entity Name: VANTAGE MO	RTGAGE GROUP, INC.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
507 NW 60TH STREET GAINESVILLE, FL 32607				
Current Mailing Address:		New Mailing Address:		
507 NW 60 STREET GAINESVILLE, FL 32607				
FEI Number: 59-3556873 FEI	Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MARSON, RICK VANTAGE MORTGAGE 507 NW 60 ST GAINESVILLE, FL 32607 US		MARSON, RICK T VANTAGE MORTGAGE 507 NW 60 ST GAINESVILLE, FL 3260		
The above named entity subm in the State of Florida.	its this statement for the pur	pose of changing its registered	office or registered agent, or both,	
SIGNATURE: RICK T. MARSON			05/01/2005	
Electronic Signaccordance with s. 607.193(2)(b) Election Campaign Financing Trus OFFICERS AND DIRECTORS	t Fund Contribution ( ).	eceive the prior notice.	Date  TO OFFICERS AND DIRECTORS:	
Title: PD () Delete Name: MARSON, RICK T Address: 4255 NW 77 TERRAC City-St-Zip: GAINESVILLE, FL 32	CE CONTRACTOR	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: SVD () Delete Name: MARSON, MARILYN M Address: 4255 NW 77 TERRAC City-St-Zip: GAINESVILLE, FL 32	√I CE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: VPD ( ) Delete Name: SPRINGMEYER, SAN		Title: ( Name:	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARILYN M.ARSON SVP 05/01/2005