

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90679 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	Home Mortgage Center
1. Entity Name	P990000037677



DO NOT WRITE IN THIS SPACE

90052130

2. Principal Place of Business	3. Mailing Address
17903 CRAWLEY RD.	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
ODESSA	FL.	593576854	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33556	Hillsborough		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	Zip Code	
	FL		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	PRESIDENT		
STREET ADDRESS	JIMMY FARNSWORTH	STREET ADDRESS	
CITY - ST - ZIP	17903 CRAWLEY RD.	CITY - ST - ZIP	
	ODESSA FL 33556		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jimmy Farnsworth Date: 3/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)