## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000040453

GROGAN, THERESA S

JACKSONVILLE, FL 32259

616 ACORN CT

Name:

Address:

City-St-Zip:

Entity Name: INNOVATIVE MORTGAGE SPECIALIST, INC.

FILED Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3805 UNIVERSITY BLVD. W SUITE A JACKSONVILLE, FL 32217 **New Mailing Address: Current Mailing Address:** 3409 SECRET COVE PL JACKSONVILLE, FL 32216 FEI Number: 59-3588133 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GROGAN, JOHN 3409 SECRET COVE PL JACKSONVILLE, FL 32216 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GROGAN, JONATHAN P Name: Name: 616 ACORN CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: VTD Title: () Delete () Change () Addition GROGAN, JOHN P Name: Name: 3409 SECRET COVE PL Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip: Title: Title: VSD ( ) Delete () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN P. GROGAN VT 04/14/2004