2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000047608

1. Entity Name

PROFESSIONAL MORTGAGE AND INVESTMENT, INC.



FILED
Jan 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

740 FLORIDA CENTRAL PARKWAY

SUITE 1008 LONGWOOD, FL 32750 Mailing Address

740 FLORIDA CENTRAL PARKWAY

SUITE 1008 LONGWOOD, FL 32750



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DO NOT WRITE IN THIS SPACE

01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3578322

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THORN, ROBIN SCOTT 740 FLORIDA CENTRAL PKY #1008 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

					11111111111111111111111111111111111111	
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				nt signature required when reinstating) DATE		
	Signature, typed or printed name of registered agent and title	if applicable (NOTE. Registered	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campalgn Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORN, ROBIN SCOTT 740 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750	#1008				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORN, MARIANA 740 FLORIDA CENTRAL PARKWAY #1008 LONGWOOD, FL 32750			U00000011604 01/23/04-80044-009 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal affect as if made under cath, that I am an officer or director.						

of the corporation of the receiver of 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: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da Da

467-265-6426 Daytime Phone #