2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE :

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # P99000072707 1. Entity Name 03-29-2004 90394 040 \*\*\*158.75 B & B MORTGAGE GROUP INC. Principal Place of Business Mailing Address 1308 UNIVERSITY BLVD NORTH JACKSONVILLE FL 32211 1308 UNIVERSITY BLVD NORTH JACKSONVILLE FL 32211 **24030311** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-3592933 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IMORE. BALTIMORE, HILLARY Street Address (P.O. Box Number is Not Acceptable) 5537 RIVER FOREST DR JACKSONVILLE FL 32211 Zip Code 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. printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition BALTIMORE, Hillory 2164 SUNSET RIVER DR BALTIMORE, HILLARY NAME STREET ADDRESS 5537 RIVER FOREST DR STREET ADDRESS JACKSONVILLE FL 32277 CITY-ST-ZIP CITY-ST-ZIP JACKSONUILLE, FL 32225 TITLE Delete ☐ Change ☐ Addition BALTIMORE, Hillsry NAME BALTIMORE, HILLARY NAME 2164 SUNSET RIVER DR STREET ADDRESS 5537 RIVER FOREST DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP JACKSONVIlle, FL 32225 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

March 25,2004

Daytime Phone #