

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90043 006 ***150.00

DOCUMENT # P99000080033 1. Entity Name THOMAS LOUIS MORTGAGE INC.					
Principal Place of Business 410 W MERRITT AVE MERRITT ISLAND, FL 32953			Mailing Address 410 W MERRITT AVE MERRITT ISLAND, FL 32953		
<i>No Change</i> 2. Principal Place of Business			<i>No Change</i> 3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01062004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3598067				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKEY & FOWLER, P.A. 410 WEST MERRITT AVENUE MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name Markey + Fowler PA Street Address (P.O. Box Number is Not Acceptable) 25 McLeod St City Merritt Island FL Zip Code 32953		
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 <i>[Signature]</i> Jeff DeLoche, President 1/2/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELOCHE, JEFF 832 HERRON RD COCOA, FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	465 Mauna Loa Ct. Merritt Island FL 32953	☒ Change ☐ Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELOCHE, JEFF 5615 BROAD ACRES STREET MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	465 Mauna Loa Ct. Merritt Island, FL 32953	☒ Change ☐ Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELOCHE, STACEY 1310 MARSHALL STREET MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3582 Twelve Oaks Cir Merritt Island FL 32953	☒ Change ☐ Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELOCHE, JEFF 5615 BROAD ACRES STREET MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	465 Mauna Loa Ct Merritt Island FL 32953	☒ Change ☐ Addition Address
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered. Jeff DeLoche, President 1/2/04					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/2/04 Daytime Phone # 321-452-0060		