2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000099797

1. Entity Name
AABSOLUTE MORTGAGE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
221-1 DELTA CT TALLAHASSEE, FL 32303	221-1 DELTA CT ~~200 R~~ TALLAHASSEE, FL 32303

94068954

DO NOT WRITE IN THIS SPACE

01302004	No Chg-P	CR2E034 (10/03)

4. FEI Number		Applied For
59-3605726		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VICKERS, JEFFERY
8584 HANNARY CIR.
TALLAHASSEE, FL 32312

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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_____

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   **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VICKERS, JEFFERY
STREET ADDRESS	8584 HANNARY CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: _Jeff Vickers_   4/23/04   850 561 1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #