


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000102128**  
 1. Entity Name  
**LIGHTHOUSE MORTGAGE CORPORATION**



Principal Place of Business      Mailing Address  
**12650 NEW BRITTANY BLVD**      **12650 NEW BRITTANY BLVD**  
**FT. MYERS, FL 33907**              **FT. MYERS, FL 33907**

**DO NOT WRITE IN THIS SPACE**



03242004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0963637**              Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCARBROUGH, JOHN ROBERT**  
**12650 NEW BRITTANY BLVD**  
**FORT MYERS, FL 33907**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCARBROUGH, JOHN ROBERT 2834 SW 51ST ST. CAPE CORAL, FL 33914
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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: John Robert Scarbrough      Date: 5-4-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day/Time Phone #