

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S66037

1. Entity Name  
KROPP MORTGAGE, INC.



Principal Place of Business  
2516 NW 43RD STREET  
GAINESVILLE, FL 32606

Mailing Address  
2516 NW 43RD STREET  
GAINESVILLE, FL 32606



04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3086296

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KROPP, JEFFREY  
2516 NW 43RD STREET  
GAINESVILLE, FL 32606

**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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KROPP, JEFFREY
STREET ADDRESS	2516 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL

TITLE	VPD
NAME	KROPP, AARON
STREET ADDRESS	1423 NW 98TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	VPD
NAME	KROPP, EVAN
STREET ADDRESS	8486 SW 14TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1101100292875  
04/08/05-R0005-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jeffrey Kropp*  
**JEFFREY KROPP, President**

4/7/2005 (552)  
373-0170