

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90019 014 \*\*\*158.75

<b>DOCUMENT # S69087</b> 1. Entity Name <b>INGLE &amp; ASSOCIATES MORTGAGE SERVICES, INC.</b>					
Principal Place of Business <b>345 S. MAGNOLIA DR. SUITE C-12 TALLAHASSEE FL 32301</b>			Mailing Address <b>P.O. BOX 269 TALLAHASSEE FL 32302-0269</b>		
2. Principal Place of Business <b>2804 REMINGTON GREEN CIRCLE</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 2</b>			
City & State <b>TALLAHASSEE, FL</b>		City & State City & State		4. FEI Number <b>59-3078490</b>	
Zip <b>32308-1550</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INGLE, THOMAS L. 345 S. MAGNOLIA DR. STE 12 TALLAHASSEE FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2804 REMINGTON GREEN CIRCLE</b> <b>SUITE 2</b> City <b>TALLAHASSEE, FL</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGLE, THOMAS L. 345 S. MAGNOLIA DR. STE C12 TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2804 REMINGTON GREEN CIRCLE, SUITE 2 TALLAHASSEE, FL 32308-1550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HESS, CARRIE A. 345 S. MAGNOLIA DR STE C12 TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2804 REMINGTON GREEN CIRCLE, SUITE 2 TALLAHASSEE, FL 32308-1550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD INGLE, CHRISTINE R. 345 S MAGNOLIA DR STE C12 TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2804 REMINGTON GREEN CIRCLE, SUITE 2 TALLAHASSEE, FL 32308-1550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATON, LISA J 345 S. MAGNOLIA DR, STE C12 TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2804 REMINGTON GREEN CIRCLE, SUITE 2 TALLAHASSEE, FL 32308-1550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** Thomas L. Ingle, PRES 1-21-04 850-877-0077  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #