

2006 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts FEB 03 2006

DOCUMENT # P01000011315

1. Entity Name
PATRIOT MORTGAGE COMPANY, INC.



Principal Place of Business
1595 S SEMORAN BLVD
1530
WINTER PARK, FL 32792

Mailing Address
1595 S SEMORAN BLVD
1530
WINTER PARK, FL 32792

2. Principal Place of Business

2301 MAITLAND CENTER PARKWAY

Suite, Apt. #, etc.

460

City & State

MAITLAND, FL

Zip

32751

Country

USA

3. Mailing Address

2301 MAITLAND CENTER PARKWAY

Suite, Apt. #, etc.

460

City & State

MAITLAND, FL

Zip

32751

Country

USA

01312006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3695655

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERBASI, RICHARD
1595 S SEMORAN BLVD
1530
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name
RICHARD CERBASI

Street Address (P.O. Box Number is Not Acceptable)

2301 MAITLAND CENTER PARKWAY Suite 460

City

MAITLAND

FL

Zip Code
32751

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)

1/30/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CERBASI, RICHARD
542 PLEASANT GROVE DRIVE
WINTER SPRINGS, FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000065565000 ☒ Change ☐ Addition
02/10/06--01016--016 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-30-06

Date

407 571 3800

Daytime Phone #

FILED
06 FEB -3 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

