


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 205337</b> 1. Entity Name <b>ST. LUCIE MORTGAGE COMPANY</b>							
Principal Place of Business <b>1216 YORK AVENUE FT. PIERCE FL 34982</b>			Mailing Address <b>1216 YORK AVENUE FT. PIERCE FL 34982</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc					
City & State		City & State		4. FEI Number <b>05-9080794</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>NOURSE, PHILIP G. 1216 YORK AVE. FORT PIERCE FL 33450</b>			Name Street Address (P.O. Box Number is Not Acceptable) City				
			<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>FL</b></td> <td style="padding: 2px;">Zip Code</td> </tr> </table>			<b>FL</b>	Zip Code
<b>FL</b>	Zip Code						
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, 2007 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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NOURSE, JIMMIE V.		NAME	U00000672256 03/28/07-80062-007 150.00			
STREET ADDRESS	1216 YORK AVE.		STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL		CITY- ST- ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NOURSE, JIMMIE A.		NAME				
STREET ADDRESS	1216 YORK AVENUE		STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL		CITY- ST- ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FEE, EVAN		NAME				
STREET ADDRESS	2821 S. IND. RIVER DR.		STREET ADDRESS				
CITY- ST- ZIP	FT. PIERCE FL		CITY- ST- ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NOURSE, PHILIP G.		NAME				
STREET ADDRESS	1216 YORK AVENUE		STREET ADDRESS				
CITY- ST- ZIP	FT. PIERCE FL		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Philip G. Nourse* 3-17-07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #