

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124875

Entity Name: PRIVATE MORTGAGE INVESTMENTS & TRUSTS, INC.**Current Principal Place of Business:**9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257**Current Mailing Address:**9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257**FEI Number:** 51-0435692**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COPELAND, DANIEL M
9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	COPELAND, DANIEL M
Address	9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-State-Zip:	JACKSONVILLE FL 32257

Title	PD
Name	COPELAND, SHARON L
Address	9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	COPELAND, D. BRADY
Address	9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-State-Zip:	JACKSONVILLE FL 32257

Title	VPD
Name	COPELAND, JUSTIN M
Address	9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-State-Zip:	JACKSONVILLE FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL M COPELAND**OWNER****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date