#### 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. PRESIDENT

SIGNATURE: STACEY E FRERICHS

#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092379

Entity Name: CAPE CORAL MORTGAGE, INC.

#### **Current Principal Place of Business:**

3512 DEL PRADO BLVD S. CAPE CORAL, FL 33904

### **Current Mailing Address:**

3512 DEL PRADO BLVD S. #106 CAPE CORAL. FL 33904 US

## FEI Number: 62-1798548

# Name and Address of Current Registered Agent:

City-State-Zip: FORT MYERS BEACH FL 33931

FRERICHS, KIM A 3512 DEL PRADO BLVD S. #106 CAPE CORAL, FL 33904 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 Р Title V FRERICHS, STACEY E FRERICHS, KIM A Name Name 400 DONORA BLVD 400 DONORA BLVD Address Address

City-State-Zip:

FORT MYERS BEACH FL 33931

Certificate of Status Desired: No

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

01/12/2015

Date

FILED Jan 12, 2015 Secretary of State CC4737997290

Electronic Signature of Signing Officer/Director Detail