

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

DOCUMENT # 173555

1. Entity Name

MCCAUGHAN MORTGAGE COMPANY, INC.



01-25-2005 90067 001 ***150.00
01-25-2005 90067 002 *****8.75

Principal Place of Business

1320 S DIXIE HWY STE 950
P O BOX 141429
CORAL GABLES FL 33114-8429

Mailing Address

1320 S DIXIE HWY STE 950
P O BOX 141429
CORAL GABLES FL 33114-8429

66000358



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

1320 S. DIXIE HWY STE 950
SUITE 860

3. Mailing Address

PO BOX 141429

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

59-0701313

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAUGHAN, WILLIAM P.
200 S BISCAYNE BLVD
SUITE 3410
MIAMI FL 33131-2397

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **EVP** ☐ Delete
NAME **VAN HOFF, ROGER**
STREET ADDRESS **6280 SW 68TH CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **MCCAUGHAN, WILLIAM P**
STREET ADDRESS **511 S MASHTA DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **SV** ☐ Delete
NAME **MCCAUGHAN, JR. J**
STREET ADDRESS **6120 DEER RUN, S.W.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VT** ☒ Delete
NAME **MCCAUGHAN, EILEEN P**
STREET ADDRESS **881 OCEAN DR 18-A**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP / SEC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: *Roger Van Hoff* **ROGER VAN HOFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/05 305-665-9100x
Date Daytime Phone # 103