


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 205337**  
 1. Entity Name  
**ST. LUCIE MORTGAGE COMPANY**



Principal Place of Business      Mailing Address  
**1216 YORK AVENUE**      **1216 YORK AVENUE**  
**FT. PIERCE FL 34982**      **FT. PIERCE FL 34982**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**05-9080794**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NOURSE, PHILIP G.**  
**1216 YORK AVE.**  
**FORT PIERCE FL 33450**

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: *Philip G. Nourse*      DATE: **3-13-06**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when/whenever applicable)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	NOURSE, JIMMIE V.	
STREET ADDRESS	1216 YORK AVE.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOURSE, JIMMIE A.	
STREET ADDRESS	1216 YORK AVENUE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FEE, LEVAN	
STREET ADDRESS	2821 S. IND. RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOURSE, PHILIP G.	
STREET ADDRESS	1216 YORK AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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*      DATE: **3-13-06**      **461-7055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR