


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

| | | | | | | | |
|---|-------------------------------|---------------------------------|--|---|--|-------------|----------------|
| DOCUMENT # 205337 1. Entity Name ST. LUCIE MORTGAGE COMPANY | | | |  | | | |
| Principal Place of Business 1216 YORK AVENUE FT. PIERCE FL 34982 | | | Mailing Address 1216 YORK AVENUE FT. PIERCE FL 34982 | | | | |
| 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 05-9080794 <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"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| NOURSE, PHILIP G. 1216 YORK AVE. FORT PIERCE FL 33450 | | | 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;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table> | | | FL | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 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-STATE-ZIP | FORT PIERCE FL | | CITY-STATE-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-STATE-ZIP | FORT PIERCE FL | | CITY-STATE-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-STATE-ZIP | FT. PIERCE FL | | CITY-STATE-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-STATE-ZIP | FT. PIERCE FL | | CITY-STATE-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-STATE-ZIP | | | CITY-STATE-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 #