

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 205337</b> 1. Entity Name <b>ST. LUCIE MORTGAGE COMPANY</b>	
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Principal Place of Business <b>1216 YORK AVENUE FT. PIERCE FL 34982</b>	Mailing Address <b>1216 YORK AVENUE FT. PIERCE FL 34982</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc City & State Zip Country	3. Mailing Address Suite, Apt #, etc. City & State Zip Country	4. FEI Number <b>05-9080794</b> Applied For <input type="checkbox"/> Not Applicable
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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>NOURSE, PHILIP G. 1216 YORK AVE. FORT PIERCE FL 33450</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD <input type="checkbox"/> Delete	NAME NOURSE, JIMMIE V.	TITLE U00000926232 <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 02/21/08-80042-005 150.00
STREET ADDRESS 1216 YORK AVE.	CITY-ST-ZIP FORT PIERCE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE TD <input type="checkbox"/> Delete	NAME NOURSE, JIMMIE A.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1216 YORK AVENUE	CITY-ST-ZIP FORT PIERCE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME FEE, LEVAN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 2821 S. IND. RIVER DR.	CITY-ST-ZIP FT. PIERCE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE PD <input type="checkbox"/> Delete	NAME NOURSE, PHILIP G.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1216 YORK AVENUE	CITY-ST-ZIP FT. PIERCE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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* 2-18-07 *Bea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR