

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 231086**

1. Entity Name  
**FIRST MORTGAGE CORPORATION OF WINTER HAVEN**



Principal Place of Business  
**606 CYPRESS GARDENS RD.  
WINTER HAVEN, FL 33880**

Mailing Address  
**606 CYPRESS GARDENS RD.  
WINTER HAVEN, FL 33880**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0883181**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVIS, DENNIS G.  
223 NASSAU ROAD  
WINTER HAVEN, FL 33880**

**DO NOT WRITE  
IN THIS SPACE**

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 renouncing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DAVIS, DENNIS G
STREET ADDRESS	223 NASSAU RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	BERRY, WM A, JR
STREET ADDRESS	196 S. LAKE MARIAM DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VD
NAME	TODD, DAVIS D
STREET ADDRESS	233 9TH STREET SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VSTD
NAME	WITTENBERG, BARBARA
STREET ADDRESS	749 SANTA MARIA DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	DAVIS, STANLEY C
STREET ADDRESS	552 SAINT ANDREWS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	LAWSON, WESLEY S
STREET ADDRESS	581 SAINT ANDREWS RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884

1100000411428  
02/10/06-80006-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Dennis G. Davis 1/27/06 863-294-3254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #