

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90007 041 ***150.00

DOCUMENT # 360890

1. Entity Name
SOUTHEAST MORTGAGE COMPANY



Principal Place of Business
**225 NORTHEAST MIZNER BOULEVARD
SUITE 300
BOCA RATON, FL 33432 US**

Mailing Address
**225 NORTHEAST MIZNER BOULEVARD
SUITE 300
BOCA RATON, FL 33432 US**



2. Principal Place of Business - No P.O. Box #

595 S. Federal Highway

3. Mailing Address

595 S. Federal Highway

City, Apt. #, etc.
SUITE 600

City & State
Boca Raton, FL

Zip
33432

Country
USA

City, Apt. #, etc.
SUITE 600

City & State
Boca Raton, FL

Zip
33432

Country
USA

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1290547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECK, JEFFREY H
225 NORTHEAST MIZNER BOULEVARD
SUITE 300
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name
595 S. Federal Highway
Street Address (P.O. Box Number is Not Acceptable)
SUITE 600
City **Boca Raton** FL Zip Code **33432**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BECK, JEFFREY H
225 NE MIZNER BLVD. SUITE 300
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**595 S. Federal Highway, SUITE 600
Boca Raton, FL 33432**

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 561-544-2835

Date

Daytime Phone #