

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 416794

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: PRIME HOME MORTGAGE, INC.

## Current Principal Place of Business:

475 WEST TOWN PL  
STE 112  
SAINT AUGUSTINE, FL 32092 US

## Current Mailing Address:

2 PINE LAKES PARKWAY NORTH  
#4  
PALM COAST, FL 32137 US

## New Principal Place of Business:

2 PINE LAKES PARKWAY NORTH  
SUITE 4  
PALM COAST, FL 32137 US

## New Mailing Address:

2 PINE LAKES PARKWAY NORTH  
SUITE 4  
PALM COAST, FL 32137 US

FEI Number: 13-2809548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SYPNIEWSKI, FRANK A JR.  
2 PINE LAKES PKWY NORTH  
STE 4  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SPIRES, CHRISS  
Address: 475 WEST TOWN PL STE 112  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete  
Name: FROMM, MARY  
Address: 2 PINE LAKES PKWY NORTH STE 4  
City-St-Zip: PALM COAST, FL 32137

Title: DCE ( ) Delete  
Name: SYPNIEWSKI, FRANK A  
Address: 2 PINE LAKES PKWY NORTH STE 4  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SPIRES, CHRISS  
Address: 2 PINE LAKES PARKWAY NORTH STE 4  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DCE (X) Change ( ) Addition  
Name: SYPNIEWSKI, FRANK A JR.  
Address: 2 PINE LAKES PKWY NORTH STE 4  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK SYPNIEWSKI JR.

DCE

04/06/2006

Electronic Signature of Signing Officer or Director

Date