

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 614677

1. Entity Name
CONTINENTAL MUTUAL MORTGAGE CORPORATION



Principal Place of Business

**706 S DIXIE HWY
2ND FLOOR
CORAL GABLES, FL 33146**

Mailing Address

**706 S DIXIE HWY
2ND FLOOR
CORAL GABLES, FL 33146**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2020108

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLSEN, THOMAS W. III
706 S DIXIE HWY 2ND FLOOR
MIAMI, FLORIDA
CORAL GABLES, FL 33146**

**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

Thomas W. Olsen III

**Thomas W. Olsen III
President**

01/05/2006

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, 2006 Fee will be \$550.00**

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

**U00000385513
01/18/06-80020-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OLSEN, THOMAS W III
STREET ADDRESS	11820 SW 62 PLACE
CITY-ST-ZIP	MIAMI FL,
TITLE	SV
NAME	TURNER, JULIE A
STREET ADDRESS	706 S. DIXIE HIGHWAY, 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Thomas W. Olsen III

Thomas W. Olsen III

01/05/06

**(305)
666-2121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #