

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654911

FILED
May 03, 2005
Secretary of State

Entity Name: SENTINEL MORTGAGE COMPANY

Current Principal Place of Business:

1819 MAIN ST
STE 301
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1819 MAIN ST
STE 301
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 59-1969111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, JOHN M.
889 N. WASHINGTON BLVD
SARASOTA, FL 34236 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: PTD () Delete
Name: WITTIG, THEODORE K
Address: 6540 WILD ORCHID LN
City-St-Zip: SARASOTA, FL 34241

Title: EVP () Delete
Name: WILF, LINDA G
Address: 2828 SUNCREST DR
City-St-Zip: SARASOTA, FL 34239

Title: EVP () Delete
Name: APPIGNANI, SANDRA M
Address: 707 S GULFSTREAM AVE
City-St-Zip: SARASOTA, FL 34236

Title: AS () Delete
Name: MARER, FLORENCE
Address: 3711 LAKEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA G. WILF

EVP

05/03/2005

Electronic Signature of Signing Officer or Director

_____ Date