

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654911

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: SENTINEL MORTGAGE COMPANY

## Current Principal Place of Business:

1819 MAIN ST  
STE 301  
SARASOTA, FL 34236 US

## Current Mailing Address:

1819 MAIN ST  
STE 301  
SARASOTA, FL 34236 US

FEI Number: 59-1969111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

1819 MAIN ST  
STE 201  
SARASOTA, FL 34236 US

## New Mailing Address:

1819 MAIN ST  
STE 201  
SARASOTA, FL 34236 US

## 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: 2318 MCCLELLAN PKWY  
City-St-Zip: SARASOTA, FL 34239

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 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: LINDA G. WILF

EVP

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date