


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000005490
 1. Entity Name
 HOME MORTGAGE CORPORATION OF THE KEYS



Principal Place of Business Mailing Address
 2201 BOUNDARY STREET, STE. 302-B 2201 BOUNDARY STREET, STE. 302-B
 BEAUFORT, SC 29902 BEAUFORT, SC 29902



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 57-0817863 Not Applicable

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

6. Name and Address of Current Registered Agent
 GREEN, DON M
 401 UNITED STREET
 KEY WEST, FL 33040

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

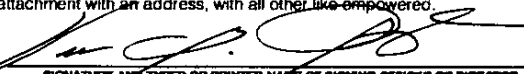
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	CP GOLLIHUGH, VERA B 2201 BOUNDARY STREET, STE. 302-B BEAUFORT, SC 29902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREEN, DON M 401 UNITED STREET KEY WEST, FL 33040
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 04/24/07-80064-015 150.00

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:  -Ver. 4-12-07 843-525-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vera B. Gollighugh