

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90099 014 \*\*\*150.00

**DOCUMENT # F03000001795**

1. Entity Name  
EQUITY LEADERSHIP MORTGAGE GROUP, INC.



Principal Place of Business

4890 W KENNEDY BLVD  
SUITE 220  
TAMPA, FL 33609

Mailing Address

4890 W KENNEDY BLVD  
SUITE 220  
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #

8800 University Pkwy  
Ste B6

3. Mailing Address

6766 S. Revere Pkwy  
Ste 100

City & State

Pensacola, FL

City & State

Centennial, CO

Zip

32514

Country

Zip

80112

Country

01122007

Chg-P

CR2E034 (12/06)

4. FEI Number

47-0885612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, MARK F  
4890 W KENNEDY BLVD  
SUITE 220  
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name: Randall Petersen  
Street Address (P.O. Box Number is Not Acceptable): 8800 University Pkwy, Ste B6  
City: Pensacola FL Zip Code: 32514

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/07

DATE

**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: PRES  
NAME: SORENSON, CRAIG A  
STREET ADDRESS: 6766 S REVERE PARKWAY, SUITE 100  
CITY-ST-ZIP: CENTENNIAL, CO 80112 ☐ Delete

TITLE: CEO  
NAME: GRAHAM, MARK F  
STREET ADDRESS: 4890 W KENNEDY BLVD, SUITE 220  
CITY-ST-ZIP: TAMPA, FL 33609 ☒ Delete

TITLE: DIR  
NAME: PETERSEN, RANDALL  
STREET ADDRESS: 8800 UNIVERSITY PARKWAY, SUITE B-6  
CITY-ST-ZIP: PENSACOLA, FL 32514 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CEO ☒ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: President ☐ Change ☒ Addition  
NAME: Kim Petersen  
STREET ADDRESS: 6766 S. Revere Pkwy, Ste 100  
CITY-ST-ZIP: Centennial, CO 80112

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Craig Sorenson*

1/12/2007

Date

Daytime Phone #

337553122