

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005146**

1. Entity Name  
**SHEA MORTGAGE INC.**



Principal Place of Business  
**26840 ALISO VIEJO PARKWAY, SUITE 150  
ALISO VIEJO, CA 92656**

Mailing Address  
**155 INVERNESS DRIVE WEST, #100  
ENGLEWOOD, CO 80112**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-4523866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331**

**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 \_\_\_\_\_

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, 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	D
NAME	SHEA, JOHN F
STREET ADDRESS	655 BREA CANYON ROAD
CITY-ST-ZIP	WALNUT, CA 91789
TITLE	D
NAME	SHEA, EDMUND H
STREET ADDRESS	655 BREA CANYON ROAD
CITY-ST-ZIP	WALNUT, CA 91789
TITLE	D
NAME	SHEA, PETER O
STREET ADDRESS	655 BREA CANYON ROAD
CITY-ST-ZIP	WALNUT, CA 91789
TITLE	D
NAME	SHONETERE, JAMES G
STREET ADDRESS	655 BREA CANYON ROAD
CITY-ST-ZIP	WALNUT, CA 91789
TITLE	P
NAME	VANRYCKEGHEN, JOEL
STREET ADDRESS	26840 ALISO VIEJO PARKWAY, SUITE 150
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	SRV
NAME	POCOCK, SCOTT
STREET ADDRESS	155 INVERNESS DRIVE WEST #100
CITY-ST-ZIP	ENGLEWOOD, CO 80112

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01/24/07-00054-024 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 (949)389-7070

Date

Daytime Phone #