

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000999

FILED
Jan 15, 2007
Secretary of State

Entity Name: HOMECOURT MORTGAGE GROUP, INC.

Current Principal Place of Business:

8041 KNUE ROAD SUITE #110
INDIANAPOLIS, IN 46250

New Principal Place of Business:

Current Mailing Address:

8041 KNUE ROAD SUITE #110
INDIANAPOLIS, IN 46250

New Mailing Address:

FEI Number: 20-4218099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICENSE AND COMPLIANCE RESOURCE, LLC
245 GRAY STREET
WEST PALM BEACH, FL 33405 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: CDP () Delete
Name: COPAS, ROGER
Address: 8041 KNUE ROAD SUITE #110
City-St-Zip: INDIANAPOLIS, IN 46250

Title: DS () Delete
Name: WILLIAMS, NICK
Address: 8041 KNUE ROAD SUITE #110
City-St-Zip: INDIANAPOLIS, IN 46250

Title: T () Delete
Name: ARCENEAX, ANTHONY
Address: 8041 KNUE ROAD SUITE #110
City-St-Zip: INDIANAPOLIS, IN 46250

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ARCENEAX, TOBY
Address: 4561 DURHAM PLACE, SUITE #C
City-St-Zip: BATON ROUGE, LA 70816

Title: D () Change (X) Addition
Name: ARNOLD, ANTHONY
Address: 8041 KNUE ROAD SUITE #110
City-St-Zip: INDIANAPOLIS, IN 46250

Title: D () Change (X) Addition
Name: HASENKAMPF, LLOYD
Address: 4561 DURHAM PLACE, SUITE #C
City-St-Zip: BATON ROUGE, LA 70816

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGER COPAS

CPD

01/15/2007

Electronic Signature of Signing Officer or Director

Date