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Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 013 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000004833

1. Entity Name
REGAL MORTGAGE FUNDING GROUP, INC.



Principal Place of Business

1 TOWNSLEY DR.
SUITE 1A
CARTERSVILLE, GA 38120

Mailing Address

1 TOWNSLEY DR.
SUITE 1A
CARTERSVILLE, GA 38120

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

4400 Bayou Blvd. Ste. 38

3. Mailing Address

4400 Bayou Blvd. Ste. 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008

Chg-P

CR2E034 (12/06)

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

20-3751851

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32503

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, KIMBERLY A
5514 MAYFAIR DR.
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

1-18-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CHRM
NAME JOHNSTON, KIMBERLY A ☐ Delete
STREET ADDRESS 1 TOWNSLEY DR. SUITE 1A
CITY- ST- ZIP CARTERSVILLE, GA 38120

TITLE VCHR
NAME JOHNSTON, KIMBERLY A ☐ Delete
STREET ADDRESS 1 TOWNSLEY DR. SUITE 1A
CITY- ST- ZIP CARTERSVILLE, GA 38120

TITLE PSTD
NAME JOHNSTON, KIMBERLY A ☐ Delete
STREET ADDRESS 1 TOWNSLEY DR. SUITE 1A
CITY- ST- ZIP CARTERSVILLE, GA 38120

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHRM ☒ Change ☐ Addition
NAME Kimberly Johnston
STREET ADDRESS 4400 Bayou Blvd. Ste. 38
CITY- ST- ZIP Pensacola, FL 32503

TITLE VCHR ☒ Change ☐ Addition
NAME Kimberly Johnston
STREET ADDRESS 4400 Bayou Blvd. Ste. 38
CITY- ST- ZIP Pensacola, FL 32503

TITLE PSTD ☒ Change ☐ Addition
NAME Kimberly Johnston
STREET ADDRESS 4400 Bayou Blvd. Ste. 38
CITY- ST- ZIP Pensacola, FL 32503

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

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

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

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

Date

Director's Phone #

1-18-08 850 484 5335