


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90044 022 \*\*\*150.00

<b>DOCUMENT # F06000004837</b>	
<b>1. Entity Name</b> CAPITAL CITY MORTGAGE REAL ESTATE FUNDING CORPORATION	

<b>Principal Place of Business</b> 1829 POWERS FERRY RD. BLDG. 7 STE 200 ATLANTA GA 30339	<b>Mailing Address</b> 1829 POWERS FERRY RD. BLDG. 7 STE 200 ATLANTA GA 30339
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<b>2. Principal Place of Business - No P.O. Box #</b> 1827 Powers Ferry Rd	<b>3. Mailing Address</b> 1827 Powers Ferry Rd
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<b>Suite, Apt. #, etc.</b>	<b>City &amp; State</b>
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<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>4. FEI Number</b> 58-2275659	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  STEPHENS, BEN 1010 AND A HALF ATLANTIC AVENUE FERNANDINA BEACH FL 32034
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<b>7. Name and Address of New Registered Agent</b>
<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and state, if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHRM</b> IVEY, MIKE 1827 POWERS FERRY RD. BLDG. 7 - STE 200 ATLANTA GA 30339	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.**

<b>SIGNATURE:</b>	<i>Mike Ivey CEO/President</i>	<i>3/24/8</i>	<i>770.980 1775</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>