

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000005449

1. Entity Name
SR MORTGAGE, INC.



FILED

08 SEP 15 PM 3:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3478 BUSKIRK AVENUE
SUITE 343
PLEASANT HILL, CA 94523

Mailing Address
3478 BUSKIRK AVENUE
SUITE 343
PLEASANT HILL, CA 94523

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152008

Chg-P

CR2E034 (12/06)

4. FEI Number
54-2110237

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSWELL, JIM
542 N. EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

☐ Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
STEVENSON, DAVID L
3478 BUSKIRK AVENUE #343
PLEASANT HILL, CA 94523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE PRESIDENT
LOUIE, CHRISTINE
3478 BUSKIRK AVE, #343
PLEASANT HILL, CA 94523 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
MANZONE, GIUSEPPE
3478 BUSKIRK AVENUE #343
PLEASANT HILL, CA 94523 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
LOUIE, CHRISTINE
3478 BUSKIRK AVENUE #343
PLEASANT HILL, CA 94523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
3001 35561369
09/16/08--01013--002 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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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

Date

Daytime Phone #