

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F80424

1. Entity Name
SOUTHERN COASTAL MORTGAGE COMPANY



Principal Place of Business
**1002 W 23 ST STE 400
PANAMA CITY, FL 32405-0608**

Mailing Address
**1002 W 23 ST STE 400
PANAMA CITY, FL 32405-0608**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2185672 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**PIPPIN, LAURETTA J
1002 W 23RD ST.
STE. 400
PANAMA CITY, FL 32405**

**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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

U00000939306

05/28/08-80021-023 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PIPPIN, LAURETTA J. 1002 W. 23RD STE. 400 PANAMA CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAPMAN III, JOSEPH F 1002 W 23RD ST / STE - 40 PANAMA CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT HENRY, ROBERT F III 1002 W 23RD ST., STE. 400 PANAMA CITY, FL 32405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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

Lauretta J. Pippin, Secretary

4/10/08

(850) 769-8981

Date

Daytime Phone #