

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000002622**

1. Entity Name  
**PILGRIM MORTGAGE CORPORATION**



Principal Place of Business

**67 CHERRY STREET  
MILFORD, CT 06460**

Mailing Address

**67 CHERRY STREET  
MILFORD, CT 06460**



07142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3641065**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DPST  
SHEAHAN, WALTER JR.  
C/O 67 CHERRY STREET  
MILFORD, CT 06460**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
ROBEY, JOAN  
2912 4TH ST  
SANTA MONICA, CA 90405**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
BARBUTTO, HARRIET  
4807 BANYAN LN  
TAMARAC, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000576245  
09/06/06-80003-009 550.00

**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 registered agent 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Walter Sheahan Jr* *Thakso* *203 818 2566*