

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F96000005806

1. Entity Name
CIMARRON MORTGAGE COMPANY



Principal Place of Business
**6311 RIDGEWOOD ROAD
SUITE 400 W
JACKSON, MS 39211 US**

Mailing Address
**P.O. BOX 12830
JACKSON, MS 39236-2830 US**



09052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0809254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, to be familiar with, and accept the obligations of registered agent.

000000516295
09/06/06-80006-011 150.00

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 \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALVO, PAUL J 6225 WATERFORD DR JACKSON, MS 39211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCOTT, LINDA 107 CONCORD DR CLINTON, MS 39056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCREE, MICHAEL T 426 RICHARDSON ROAD MADISON, MS 39110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, H C JR 20 WATERSTONE PLACE JACKSON, MS 39211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, RODERICK A 103 PELICAN PLACE BRANDON, MS 39047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YORK, MARY 120 WINDSOR HILLS DRIVE MADISON, MS 39110

**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

Paul J. Salvo

Date

9/5/06

Daytime Phone #

(601) 899-1500