

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003340

Entity Name: 21ST MORTGAGE CORPORATION

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

620 MARKET STREET
KNOXVILLE, TN 37902

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 477
KNOXVILLE, TN 37901

New Mailing Address:

FEI Number: 76-0478830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSUEGRA, DANIEL C ATTY.
9204 KING PALM DRIVE
TAMPA, FL 336191041 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, TIMOTHY W
Address: 620 MARKET STREET
City-St-Zip: KNOXVILLE, TN 37902

Title: D () Delete
Name: NICHOLS, PAUL W
Address: 5000 CLAYTON RD
City-St-Zip: MARYVILLE, TN 37804

Title: CFOD () Delete
Name: RAY, RICHARD B
Address: 620 MARKET STREET
City-St-Zip: KNOXVILLE, TN 37901

Title: D () Delete
Name: JORDAN, DAVID R
Address: 5000 CLAYTON RD
City-St-Zip: MARYVILLE, TN 37804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFOD (X) Change () Addition
Name: RAY, RICHARD B
Address: 620 MARKET STREET
City-St-Zip: KNOXVILLE, TN 37902

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD B. RAY

CFOD

04/13/2007

Electronic Signature of Signing Officer or Director

Date