


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| DOCUMENT # F98000003446                              |  |
| 1. Entity Name<br>METRO MORTGAGE OF SW FLORIDA, INC. |   |

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| Principal Place of Business<br>25411 GALASHIELDS CIRCLE<br>BONITA SPRINGS, FL 34134 US | Mailing Address<br>25411 GALASHIELDS CIRCLE<br>BONITA SPRINGS, FL 34134 US |
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03032006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br>37-1344456  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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| 6. Name and Address of Current Registered Agent<br><br>DONNA, BENJAMIN E<br>25411 GALASHIELDS CIRCLE<br>BONITA SPRINGS, FL 34134 |
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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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DONNA, TERRY L<br>25411 GALASHIELDS CIRCLE<br>BONITA SPRINGS, FL 34134     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>DONNA, BENJAMIN E<br>25411 GALASHIELDS CIRCLE<br>BONITA SPRINGS, FL 34134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/08/06-80017-005 150.00

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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: BENJAMIN E. DONNA BENJAMIN E. DONNA 4-24-06 (239) 948-3955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #