

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H65502 1. Entity Name SOUTHEAST INDEPENDENT MORTGAGE COMPANY			
Principal Place of Business % JOHN B. CAGNINA 1771 MANATEE AVENUE WEST BRADENTON FL 34205-5924		Mailing Address % JOHN B. CAGNINA 1771 MANATEE AVENUE WEST BRADENTON FL 34205-5924	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2576152		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 CAGNINA, JOHN B. C/O S.E. INDEPENDENT MORTGAGE COMPANY 1771 MANATEE AVENUE WEST BRADENTON FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CAGNINA, JOHN B. 1771 MANATEE AVENUE WEST BRADENTON FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000499528 04/24/06-80033-014 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GILLEY-CAGNINA, CAROL 1771 MANATEE AVENUE W. BRADENTON FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John B. Cagnina John B. Cagnina 4-4-06 941-746-0377 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			