2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2006 8:00 am **Secretary of State** DOCUMENT # H82158 03-09-2006 90166 029 ***158.75 FIRST GLOBAL MORTGAGE BROKERS, INC. Principal Place of Business Mailing Address 700 BOARDWALK DR. 700 BOARDWALK DR. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2592972 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE, ROBERT L. ess (P.O. Box Number is Not Acceptable) -800 BOARDWALK DR. #622-PONTE VEDRA BEACH FL 32082 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE (SAME) NAME GEORGE, ROBERT L. NAME 700 BOAKWACK DR. # 715 PONTE VEDRA BCh, FEA-32082 STREET ADDRESS 800 BOARDWALK DR #622 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PONTE VEDRA BEACH FL 32082 TITLE TITLE NAME GEORGE, SANDRA LEE 🕢 NAME STREET ADDRESS STREET ADDRESS 2206 GLENCOE DR. CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Rorida 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

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with

SIGNATURE:

FILED

904-272-4558

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