


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K08787</b> 1. Entity Name <b>MUTUAL MORTGAGE COMPANY</b>	
--	---

Principal Place of Business 312 NESBIT ST STE 113 PUNTA GORDA, FL 33950 US	Mailing Address 312 NESBIT ST STE 113 PUNTA GORDA, FL 33950 US
---	---



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0026571	Applied For Not Applicable
-----------------------------	-------------------------------

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SYLAK, H. JAMES  
185 ROBINA ST  
PT CHARLOTTE, FL 33954

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SYLAK, H. JAMES 185 ROBINA ST PT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SYLAK, H. JAMES 185 ROBINA ST PT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SYLAK, KARYN 185 ROBINA ST PT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

2/15/08 941-637-4785  
Date Daytime Phone #