2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # K64165

1. Entity Name
MATANZAS MORTGAGE COMPANY

Principal Place of Business	Mailing Address
279 PINE LANE SAINT AUGUSTINE, FL 32086	279 PINE LANE SAINT AUGUSTINE, FL 32086

04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2933836
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARSON, MARK E
1201 ARAPAHO AVE
STE B
SAINT AUGUSTINE, FL 32092

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: _____ DATE: 5/1/08
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
After May 1, 2008 Fee will be $550.00

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

U00000948739
05/02/08-80067-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESTES, MOREAU P.
STREET ADDRESS	2309 PLANTATION LAKE DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	DP
NAME	DIMSDALE, JAMES E.
STREET ADDRESS	4257 OAK LANE
CITY-ST-ZIP	ST.AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 5/1/08 904/826/4074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #