

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90003 006 \*\*\*558.75

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000047744</b> 1. Entity Name <b>AMERIHOM MORTGAGE CORP.</b>					
Principal Place of Business <b>8910 NORTH DALE MABRY HIGHWAY          SUITE 22          TAMPA, FL 33614</b>			Mailing Address <b>8910 NORTH DALE MABRY HIGHWAY          SUITE 22          TAMPA, FL 33614</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3644668</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.          343 ALMERIA AVENUE          CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>JEFF S Kopsell</b> Street Address (P.O. Box Number is Not Acceptable) <b>8910 N DALE MABRY HWY</b> <b>Suite 22</b> City <b>TAMPA</b> FL Zip Code <b>33614</b>	
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 <u><i>Jeff S Kopsell</i></u> <b>JEFF S Kopsell President</b> <b>7-2-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00          Due by September 12, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HOPE, BOB M <input checked="" type="checkbox"/> Delete 8910 NORTH DALE MABRY HIGHWAY SUITE 22 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Kopsell, JEFF S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8910 N DALE MABRY HWY Suite 22 TAMPA FL 33614	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jeff S Kopsell</i></u> <b>JEFF S Kopsell President</b> <b>7-2-08</b> <b>813-935--</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					