2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2006 08:00 AN Secretary of State

DOCUMENT # P0000055110 1. Entity Name SOUTHERNMOST MORTGAGE COMPANY,					Se	cretar	y of State
529 UNITED ST 1		Mailing Address 115 SHIVEL DR HENDERSONVILLE, TN 37075					
DO NOT WRITE IN THIS SPA			CE	01232006 4. FEI Numb 65-102	No Chg-P	CR2E034 (PR:
CLEGHORN, TENA E 529 UNITED STREET KEY WEST, FL 33040 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept				
SIGNATURE.	Signature, typed or proted name of registered agent and titl	e il applicable (NOTE Registere	ed Agent signature require	d when reinstating)	HAAAA	0409199	جديمة در الراجي
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing \$5	.00 May Be led to Fees	02/08/06	;- 1031.53 ;-80090-0	04 150.00
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE PSO CLEGHORN, TENA 529 UNITED ST KEY WEST, FL 33040	CTORS					

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

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 507, 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:

NAME STREET ADORESS CITY - ST- ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305)292-2000
Deyline Phone #