

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P00000073752

1. Entity Name

GREATER ORLANDO MORTGAGE, INC.



Principal Place of Business

140 S SEMORAN BLVD
ORLANDO, FL 32807

Mailing Address

140 S SEMORAN BLVD
ORLANDO, FL 32807 US



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3659518

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

BRACERO, JOSEPH
126 S SEMORAN BLVD
ORLANDO, FL 32807

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
	BRACERO, JOSEPH	126 S SEMORAN BLVD	ORLANDO, FL 32807
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

U00000786813

01/17/08-80058-003 300.00

U0000073752

01/15/08-80058-008 300.00

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 reports 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

Date

Daytime Phone #

01/04/08 407-18-1444