

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90091 039 ***150.00

DOCUMENT # P01000014807

1. Entity Name
BANKERS MORTGAGE FINANCE, INC.



Principal Place of Business
**5340 N. FEDERAL HIGHWAY #201
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**5340 N. FEDERAL HIGHWAY #201
LIGHTHOUSE POINT, FL 33064**

50013556



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0022514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GANDY, MARSHA L
5340 N. FEDERAL HIGHWAY #201
LIGHTHOUSE POINT, FL 33064**

**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 *Marsha Gandy* 4/9/06
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, 2006 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	PSTD GANDY, MARSHA L 5340 N. FEDERAL HIGHWAY #201 1120 NW 6 TH AVE. LIGHTHOUSE POINT, FL 33064 Boca Raton FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLATT, RONALD L 5340 N. FEDERAL HIGHWAY #201 1, LIGHTHOUSE POINT, FL 33064
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**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: *Marsha Gandy* 4/9/06 561-271-1591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #