


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000045583 1. Entity Name HURD HARTER MORTGAGE COMPANY	
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Principal Place of Business 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 32216-4502 US	Mailing Address 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 32216-4502 US
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04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3713629	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOANE, DOUGLAS S SR VP 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 32216-4502
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURD, MARY K PRES 1946 PARENTAL HOME ROAD, SUITE B JACKSONVILLE, FL 322164502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOANE, DOUGLAS S SR VP 1946 PARENTAL HOME ROAD, SUITE B JACKSONVILLE, FL 322164502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O VELTMAN, EARLINE VP/OPS 1946 PARENTAL HOME ROAD, SUITE B JACKSONVILLE, FL 322164502
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4-27-07 <small>Date</small>	Daytime Phone: 904-635-1055 <small>Daytime Phone</small>
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