## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047417

Entity Name: GOODING & CO MORTGAGE, INC.

FILED Jul 12, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

235 S MAITLAND AVENUE 1820 SHAWNEE TRAIL SUITE 100 MAITLAND, FL 32751

MAITLAND, FL 32751

**New Mailing Address: Current Mailing Address:** 

235 S MAITLAND AVENUE 1820 SHAWNEE TRAIL SUITE 100 MAITLAND, FL 32751 MAITLAND, FL 32751

FEI Number: 59-3719116 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUDERS, LAURIE ANN SOUDERS, LAURIE ANN 2015 FALMOUTH ROAD 1820 SHAWEE TRAIL MAITLAND, FL 32751 MAITLAND, FL 32751 US

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.

SIGNATURE: LAURIE SOUDERS 07/12/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: VPSD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete (X) Change ( ) Addition SOUDERS, LAURIE ANN Name: Name: SOUDERS, LAURIE ANN 2015 FALMOUTH RD 1820 SHAWNEE TRAIL Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

Title: () Delete Title: PD ( ) Change (X) Addition

Name: Name: SOUDERS, CHARLES B Address: 209 SPARTAN DRIVE Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B SOUDERS PD 07/12/2004