

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000047417

**FILED**  
**Sep 14, 2006**  
**Secretary of State**

**Entity Name:** GOODING & CO MORTGAGE, INC.

**Current Principal Place of Business:**

1820 SHAWNEE TRAIL  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1820 SHAWNEE TRAIL  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 59-3719116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOUDERS, LAURIE ANN  
1820 SHAWNEE TRAIL  
MAITLAND, FL 32751 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPSD ( ) Delete  
Name: SOUDERS, LAURIE ANN  
Address: 1820 SHAWNEE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: SOUDERS, BEN  
Address: 209 SPARTAN ROAD  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LAURIE ANN SOUDERS

SEC

09/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date