

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050222

FILED
May 09, 2007
Secretary of State

Entity Name: TROPICAL DAUPHIN MORTGAGE COMPANY

Current Principal Place of Business:

908 SCENIC HWY
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 3198
WINTER HAVEN, FL 338853198

New Mailing Address:

FEI Number: 59-3732481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAUPHIN, ANN B
908 SCENIC HWY
HAINES CITY, FL 33844 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAUPHIN, ANN B
Address: 445 EAST THELMA STREET
City-St-Zip: LAKE ALFRED, FL 33850

Title: ADM () Delete
Name: FEQUIERE, JOANES L
Address: 315 SOUTH ILAKEE AVENUE
City-St-Zip: LAKE ALFRED, FL 33850

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: OFFI () Change (X) Addition
Name: EUGENE, JACQUES P
Address: 6456 NEW GOLDEN ROD #C
City-St-Zip: ORLANDO, FL 32818 OR

I hereby certify that the information supplied with this filing does not qualify 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: JOANES L. FEQUIERE

ADM

05/09/2007

Electronic Signature of Signing Officer or Director

Date