

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90066 014 ***150.00

DOCUMENT # P01000053967 1. Entity Name MAYER MORTGAGE COMPANY.			
Principal Place of Business 1084 TORCHWOOD DRIVE DELAND FL 32724		Mailing Address 1084 TORCHWOOD DRIVE DELAND FL 32724	
2. Principal Place of Business, No P.O. Box # 1374 MC GREGOR RD		3. Mailing Address 1374 MC GREGOR ROAD	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State De Land, FL		City & State De Land	
Zip 32720		Zip 32720	
Country VOLUSIA		Country VOLUSIA	
4. FEI Number 90-0025719		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYER, ROBERT D 1084 TORCHWOOD DRIVE DELAND FL 32724		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP MAYER, ROBERT D PRES 1084 TORCHWOOD DRIVE DELAND FL 32724	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	OV MAYER, BETTY W V-PRES 1084 TORCHWOOD DRIVE DELAND FL 32724	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			