

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091316

FILED
Feb 05, 2008
Secretary of State

Entity Name: GUNN HIGHWAY MORTGAGE, INC.

Current Principal Place of Business:

3550 135TH PL.
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

3550 135TH PL
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-3758875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESCOTT, RALPH M
3550 135TH PL
LARGO, FL 33771 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: WESCOTT, JACKIE
Address: 2108 POINCIANA DR
City-St-Zip: CLEARWATER, FL 33760

Title: DP () Delete
Name: LAVRINC, TERESA W
Address: 1659 PARKSIDE DR.
City-St-Zip: CLEARWATER, FL 33756

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,S (X) Change () Addition
Name: WESCOTT, JACKIE
Address: 2108 POINCIANA DR
City-St-Zip: CLEARWATER, FL 33760

Title: D,VP (X) Change () Addition
Name: LAVRINC, TERESA W
Address: 1659 PARKSIDE DR.
City-St-Zip: CLEARWATER, FL 33756

Title: D,P () Change (X) Addition
Name: WESCOTT, RALPH M
Address: 3550 135TH PLACE NORTH
City-St-Zip: LARGO, FL 33771

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: RALPH M. WESCOTT

D.P

02/05/2008

Electronic Signature of Signing Officer or Director

Date