2005 FOR PROFIT CORPORATION • ANNUAL REPORT

FILED May 16, 2005 8:00 am Secretary of State

DOCUMENT # P02000022955 1. Entity Name SOUTH END MORTGAGE CORPORATION						05-16-2005	90198 021 ***1	50.00
		Mailing Address	_		7			
			7001 S DESOTO STREET #A					
TAMPA, FL 33616			TAMPA, FL 33616		4 (FB)(FB ())(IN He hil Mace III i lete chich	
		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272005	Chg-P	CR2E034 (10/03)
City & State		City & State			4. FE! Numbe 04-3610			opplied For lot Applicable
Zip	Country	Zíp Count		atry	_	of Status Desired	See Require	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New F	Registered Agent	
MANGIONE, RALPH PESQ.								
201 N. FRANKLIN STREET ONE TAMPA CITY CENTER #2600 TAMPA, FL 33602				Street Address	s (P.O. Box Numbe	r is Not Acceptable	e) 	
I AIVIFA, F	L 33002			Cit.				
				City			FL Zip Co	
the obligation	named entity submits this statement tions of registered agent.	for the purpose of changin	g its register	ed office or regist	ered agent, or both	n, in the State of Flo	orida. 1 am familiar with	i, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution					5.00 May Be dded to Fees			
10.	OFFICERS ANI		11.	1	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE NAME	P ROBIN DALLMER, BETHANY	Delete	TITL NAM				☐ Change	Addition
STREET ADDRESS			ET ADDRESS					
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I hereby certify that the information supplied with this filing does not qualify 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 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: _