

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046850

FILED  
Mar 15, 2005  
Secretary of State

**Entity Name:** IMPACT MORTGAGE COMPANY OF SOUTHWEST FLORIDA

**Current Principal Place of Business:**

1314 CAPE CORAL PKWY  
STE. 318  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1314 CAPE CORAL PKWY  
STE. 318  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 01-0670320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALERMO, LISA A  
4504 S.W. 19TH PLACE  
CAPE CORAL, FL 33914 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: PS ( ) Delete  
Name: KELLY, PAULA A  
Address: 4504 SW 19TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VT ( ) Delete  
Name: PALERMO, LISA A  
Address: 4504 SW 19TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** PAULA A. KELLY

PS

03/15/2005

Electronic Signature of Signing Officer or Director

Date