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FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90353 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110689

1. Entity Name
COUNTRY CLUB MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
4650 WINGED FOOT COURT #103 NAPLES, FL 34112	4650 WINGED FOOT COURT #103 NAPLES, FL 34112

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4863 Cerromar Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4194 Fulton Road NW
City & State Naples FL 34112	City & State Canton OH 44718
Zip / Country	Zip / Country

4. FEI Number 32-0030409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKERSON, JAMES E
4904 SEDGEWOOD LANE
NAPLES, FL 34112

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	DSPT CATLIN, ROBERT ~~23 LASALLE COURT NE~~ 6719 Greyhawk St ~~CANTON, OH 44709~~ Canton OH 44708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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: Robert S Catlin 4-28-04 330 491-1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #