

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90331 007 ***150.00

DOCUMENT # P02000110689

1. Entity Name
COUNTRY CLUB MORTGAGE CORPORATION



Principal Place of Business

4863 CERROMAR DRIVE
NAPLES, FL 34112

Mailing Address

~~4194 ELLINGTON ROAD NW~~
~~CANTON, OH 44718~~
4790 Douglas Circle NW
Canton, OH 44718

50039794



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DSPT
CATLIN, ROBERT
6719 GREYHAWK ST
CANTON, OH 44708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Robert S. Catlin

4-15-05

330 305-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

57039794
P 02000110689State of Florida
Department of RevenueCorporate, Partnership, and Fiduciary Intangible Personal Property Tax Zero Tax Due
Notification

Today's date is 14 April, 2005 Time 10:09:48 AM

**Your notification has been received by the Department.
Please print this page and retain for your records.**[Click here to print](#)Confirmation number: **0504143394**Federal Employer --
Identification Number
(FEIN):**320030409**

Entity Name:

**COUNTRY CLUB MORTGAGE
CORPORATION**

Address:

4863 CERROMAR DRIVE

Address: (cont)

City:

NAPLESState: **FL**Zip Code: **34112**

Selected tax year(s):

2005[GO BACK AND MAKE CORRECTIONS](#)