

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036990

FILED
May 01, 2006
Secretary of State

Entity Name: PRESCOTT MORTGAGE, INC.

Current Principal Place of Business:

2375-102 ST. JOHNS BLUFF RD. SOUTH
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

2375 ST. JOHNS BLUFF RD. SOUTH
SUITE 106
JACKSONVILLE, FL 32246 US

Current Mailing Address:

2375-102 ST. JOHNS BLUFF RD. SOUTH
JACKSONVILLE, FL 32246 US

New Mailing Address:

2375 ST. JOHNS BLUFF RD. SOUTH
SUITE 106
JACKSONVILLE, FL 32246 US

FEI Number: 16-1635785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTE, LAURA
1227 MURRAY DRIVE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

CARTE, LAURA
3933 ENGLISH COLONY DRIVE SOUTH
JACKSONVILLE, FL 32256 US

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: _____

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOTAR, JASON
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: MOSER, CHERI L
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: MOSER, LOWELL
Address: 2375-102 ST. JOHNS BLUFF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOTAR, JASON
Address: 2375-106 ST. JOHNS BLUFF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD (X) Change () Addition
Name: MOSER, CHERI L
Address: 2375-106 ST. JOHNS BLUFF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD (X) Change () Addition
Name: MOSER, LOWELL
Address: 2375-106 ST. JOHNS BLUFF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON KOTAR

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date