

FROM :Smith, Smith & Associates, Inc FAX NO. :2394828495

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 020 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000039323			
1. Entity Name PROFESSIONAL TEAM MORTGAGE, INC.			
Principal Place of Business 4460-2 CAMINO REAL WAY FORT MYERS, FL 33912		Mailing Address 4460-2 CAMINO REAL WAY FORT MYERS, FL 33912	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 45-0500917		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAGLE, SHARI M 10880 HIGHLAND AVE FT MYERS, FL 33912		7. Name and Address of New Registered Agent HALING, SHARI M 10880 Highland Ave Fort Myers FL 33912	
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 <u>Shari Haling</u> (NOTE: Registered Agent signature required when retreating) DATE <u>4/28/06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D NAGLE, SHARI M 10880 HIGHLAND AVE FT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALING, SHARI M 10880 HIGHLAND AVE FORT MYERS, FL 33912 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Shari Haling</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/06 (239) 689-8326 Date Daytime Phone #	