

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90153 008 \*\*\*150.00

DOCUMENT # P03000039323		
1. Entity Name PROFESSIONAL TEAM MORTGAGE, INC.		

Principal Place of Business 4460-2 CAMINO REAL WAY FORT MYERS, FL 33966 33901	Mailing Address 4460-2 CAMINO REAL WAY FORT MYERS, FL 33966 33901
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242008 Chg-P CR2E034 (12/06)	
4. FEI Number 45-0509917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HALING, SHARI M 10880 HIGHLAND AVE FORT MYERS, FL 33912 <i>SH</i>	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALING, SHARI M	NAME	
STREET ADDRESS	10880 HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33966	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALING, SHARI M	NAME	
STREET ADDRESS	10880 HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33966	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALING, DANTE H.	NAME	
STREET ADDRESS	10880 HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33966	CITY-ST-ZIP	
TITLE	TRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALING, SHARI M	NAME	
STREET ADDRESS	10880 HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33966	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALING, SHARI M	NAME	
STREET ADDRESS	10880 HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33966	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: <i>Shari M. Haling</i>	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		