

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040251

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: BRITTON MORTGAGE COMPANY

## Current Principal Place of Business:

8359 BEACON BLVD.  
212  
FORT MYERS, FL 33907

## Current Mailing Address:

8359 BEACON BLVD.  
212  
FORT MYERS, FL 33907

## New Principal Place of Business:

8359 BEACON BLVD.  
SUITE 102  
FORT MYERS, FL 33907

## New Mailing Address:

8359 BEACON BLVD.  
SUITE 102  
FORT MYERS, FL 33907

FEI Number: 33-1051692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRITTON, CRISTA L  
417 NW 18TH PLACE  
CAPE CORAL, FL 33993 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRITTON, CRISTA L  
Address: 417 NW 18TH PL  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP ( ) Delete  
Name: BRITTON, JEFFERY A  
Address: 417 NW 18TH PL  
City-St-Zip: CAPE CORAL, FL 33993

Title: SEC ( ) Delete  
Name: KULBACKI, ELIZABETH  
Address: 319 SW 19TH LANE  
City-St-Zip: CAPE CORAL, FL 33991

Title: TRES ( ) Delete  
Name: HERRING, SARA A  
Address: 1505 SW 29TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SARA HERRING

TRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date