

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132075

FILED
Jan 07, 2010
Secretary of State

Entity Name: GROUP ONE MORTGAGE, INC.

Current Principal Place of Business:

900 E INDIANTOWN ROAD
SUITE 110
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

900 E INDIANTOWN ROAD
SUITE 110
JUPITER, FL 33477

New Mailing Address:

FEI Number: 20-0344180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, DEANNE J
6075 DIMOND ST
JUPITER, FL 33458 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: CFO
Name: WINSLOW, GARY W SR
Address: 6531 SE FEDERAL HWY UNIT K-105
City-St-Zip: STUART, FL 34997 US

Title: VD
Name: BASHWINER, ROBERT T
Address: 5964 SET -N-SUN PLACE
City-St-Zip: JUPITER, FL 33458

Title: VD
Name: RYAN, GREGORY A
Address: 68 FAIRVIEW WEST
City-St-Zip: TEQUESTA, FL 33469

Title: SD
Name: DOUGLAS, JAMES R
Address: 15535 CEDAR BLUFF PL
City-St-Zip: WELLINGTON, FL 33414

Title: VD
Name: LINEBAUGH, JOHN R
Address: 184 HARBOURSIDE CIRCLE
City-St-Zip: JUPITER, FL 33477

Title: D
Name: GIRARD, DEAN J
Address: 1814 SE BOMA AVE
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: DEANNE J. ANDERSON

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

_____ Date