

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135555

FILED
Apr 20, 2006
Secretary of State

Entity Name: FLORIDA STATE MORTGAGE HOTLINE, INC.

Current Principal Place of Business:

9526 ARGYLE FOREST BLVD
SUITE B2
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

9526 ARGYLE FOREST BLVD
SUITE B2
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 20-1145523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METZLER, STEPHANIE
517 WAKEMONT DR
ORANGE PARK, FL 32065 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: D () Delete
Name: OGILVIE, PATTI
Address: 1229 WHITNEY DR
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: PENLAND, RAMONA
Address: 3094 WILLIAMSBURG CT
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JUNKER, RAMONA
Address: 3094 WILLIAMSBURG CT
City-St-Zip: ORANGE PARK, FL 32065

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: RAMONA JUNKER

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date