2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005
Secretary of State

DOCUMENT# P04000167687

Entity Name: SAXTON MORTGAGE INC.

Current Principal Place of Business:

1348 EASTWOOD DR
LUTZ, FL 33549 US

New Principal Place of Business:

1133 BOSTON POST RD
2ND FLOOR
WEST HAVEN, CT 06516 US

Current Mailing Address:

1133 BOSTON POST RD
2ND FL
WEST HAVEN, CT 06516 US

New Mailing Address:

FEI Number: 06-1609219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILPOT, PETER J
1348 EASTWOOD DR.
LUTZ, FL 33549 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAXTON, CATHERINE F
Address: 1133 BOSTON POST RD 2ND FL
City-St-Zip: WEST HAVEN, CT 06516 US

Title: VP ( ) Delete
Name: MEZZANOTTE, CAROL L
Address: 1133 BOSTON POST RD 2ND FL
City-St-Zip: WEST HAVEN, CT 06516 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA ( ) Change (X) Addition
Name: BURNS, DONALD
Address: 1362 NEW HAVEN AVE
City-St-Zip: MILFORD, CT 06460 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE F. SAXTON P 06/24/2005
Electronic Signature of Signing Officer or Director Date