# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 30, 2007**
**Secretary of State**

DOCUMENT# P05000036754

**Entity Name:** SAFETY HARBOR MORTGAGE, INC.

**Current Principal Place of Business:**

500 MAIN ST, SUITE L
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

3135 SR 580
SUITE 14
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

500 MAIN ST, SUITE L
SAFETY HARBOR, FL 34695

**New Mailing Address:**

3135 SR 580
SUITE 14
SAFETY HARBOR, FL 34695

**FEI Number: 22-3905984** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, GARY
500 MAIN ST, SUITE L
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

JONES, GARY
3135 SR 580
SUITE 14
SAFETY HARBOR, FL 34695 US

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: 05/30/2007
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: JONES, GARY
Address: 500 MAIN ST, SUITE L
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP ( ) Delete
Name: JONES, CHRISTOPHER
Address: 500 MAIN ST, SUITE L
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T ( ) Delete
Name: JONES, VICKIE
Address: 500 MAIN ST, SUITE L
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: JONES, GARY
Address: 3135 SR 580 SUITE 14
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP (X) Change ( ) Addition
Name: JONES, CHRISTOPHER
Address: 3135 SR 580 SUITE 14
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T (X) Change ( ) Addition
Name: JONES, VICKIE
Address: 3135 SR 580 SUITE 14
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify 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: GARY JONES P 05/30/2007
Electronic Signature of Signing Officer or Director — Date