

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90352 003 ***158.75

DOCUMENT # P05000134013

1. Entity Name
CONVERGENCE MORTGAGE, INC.



Principal Place of Business
**9712 KINGS CANYON PL
TAMPA, FL 33634 US**

Mailing Address
**9712 KINGS CANYON PL
TAMPA, FL 33634 US**

40042511



2. Principal Place of Business

9712 KINGS CANYON PL

Suite, Apt. #, etc.

3. Mailing Address

9712 KINGS CANYON PL

Suite, Apt. #, etc.

02122006

Chg-P

CR2E034 (11/05)

City & State

TAMPA FL 33634

City & State

TAMPA FL

4. FEI Number

432090699

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEANNIS, GUILAINE
9712 KINGS CANYON PL
TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

GUILAINE JEANNIS

(NOTE: Registered Agent signature required when reinstating)

3/13/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
JEANNIS, GUILAINE
9712 KINGS CANYON PL
TAMPA, FL 33634** ☐ Delete

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TAMPA, FL 33634** ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILAINE JEANNIS

Date

3/13/06

Daytime Phone #

813-451-8715