


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000021911	
1. Entity Name SOUTH REGIONAL MORTGAGE CORP.	

Principal Place of Business 2880 WEST OAKLAND PARK BLVD. SUITE 125D FT. LAUDERDALE, FL 33311	Mailing Address 2880 WEST OAKLAND PARK BLVD. SUITE 125D FT. LAUDERDALE, FL 33311
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04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3845418	Applied For No; Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILLIERS, MARCIA V 2880 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
NAME VILLIERS, MARCIA STREET ADDRESS 2880 WEST OAKLAND PARK BLVD. CITY-STATE-ZIP FT. LAUDERDALE, FL 33311	
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NAME STREET ADDRESS CITY-STATE-ZIP	

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05/20/08-80013-026 150.00

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

4/29/08

Date

Daytime Phone #