2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000093195

1. Entity Name
FIRST GULF ATLANTIC MORTGAGE CORPORATION

401Z1011

Principal Place of Business	Mailing Address
1450 OAKFIELD DR	1450 OAKFIELD DR
BRANDON, FL 33511	BRANDON, FL 33511

05232007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
1450 OAKFIELD Dr.	1450 OAKFIELD Dr.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State BRANDON, FL.	City & State BRANDON FL.	4. FEI Number 870777037	Applied For ☐ / Not Applicable ☐
Zip 33511 Country USA	Zip 33511 Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCRAE, E. ASHLEY 712 S OREGON AVE TAMPA, FL 33606-2543	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   (NOTE: Registered Agent signature required when reinstating)   DATE
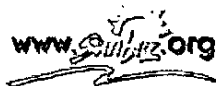
FILE NOW!!! FEE IS $150.00 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANFORD, FARLEY E		NAME		
STREET ADDRESS	1450 OAKFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	:	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: FARLEY E. SANFORD   Farley E Sanford   June 12-07   813 684-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ATTACHMENT /- 850 245 6051
4017/611
245 6939 Payment
Division of Corporations

Annual Report

Annual Report Help

Document Number
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Business Entity Name

FIRST GULF ATLANTIC MORTGAGE CORPORATION

FEI Number	**870777037**

FEI Number Status   Listed Above   Applied For   Not Applicable

Certificate of Status Desired   Yes   No $8.75 each

Election Campaign Financing Trust Fund Contribution   Yes   No

Principal Place of Business

Address	**1450 OAKFIELD DR**
Suite, Apt. #, etc.	
City, State	**BRANDON** , FL
Zip Code & Country	**33511**

Mailing Address

Address	**1450 OAKFIELD DR**
Suite, Apt. #, etc.	
City, State	**BRANDON** , FL
Zip Code & Country	**33511**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)   **MCRAE**   , **E. ASHLEY**   ,   ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable)	**712 S OREGON AVE**
Suite, Apt. #, etc.	
City, State	**TAMPA** , FL
Zip Code & Country	**336062543** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title   D

Name (Last, First, Middle, Title)   SANFORD   , FARLEY   , E   ,

- OR -

Entity Name to serve as
Officer/Director

Street Address   1450 OAKFIELD DR

City, State   BRANDON   , FL

Zip Code & Country   33511

Title

Name (Last, First, Middle, Title)   ,   ,   ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State   ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)   ,   ,   ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State   ,

Zip Code & Country

Title

HO121611

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Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title   d

Officer/Director Signature **farley e. sanford**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue   Reset