

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-23-2007 90027 013 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

3/2

DOCUMENT # P06000144527 1. Entity Name LENDERS CHOICE MORTGAGE CORP.					
Principal Place of Business 1517 SE 16TH PLACE UNIT #2 CAPE CORAL, FL 33990		Mailing Address 1517 SE 16TH PLACE UNIT #2 CAPE CORAL, FL 33990			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 205910115	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAGAR, RICHARD A JR. 1307 SW 1ST TERRACE CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entry 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GRAY, RONALD L	STREET ADDRESS 1303 SW 1ST TERRACE		NAME 		
CITY-ST-ZIP CAPE CORAL, FL 33991			STREET ADDRESS 		
CITY-ST-ZIP CAPE CORAL, FL 33991			CITY-ST-ZIP 		
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CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 		
CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 	STREET ADDRESS 		NAME 		
CITY-ST-ZIP 	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 			Date 3/26/07 Daytime Phone # 239 333 9971		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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