# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2009**
**Secretary of State**

DOCUMENT# P07000003460

**Entity Name:** DEETS MORTGAGE, INC.

**Current Principal Place of Business:**

2400 SE VETERANS MEMORIAL PARKWAY
SUITE 206
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7910
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

2400 SE VETERANS MEMORIAL PARKWAY
SUITE 206
PORT ST. LUCIE, FL 34952

**FEI Number: 20-8204349** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DEETS, BARRY M ESQ
2400 SE VETERANS MEMORIAL PARKWAY
SUITE 206
PORT ST. LUCIE, FL 34952 US

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

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DEETS, BARRY M
Address: PO BOX 7910
City-St-Zip: PORT ST. LUCIE, FL 34985

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

Title: PD (X) Change ( ) Addition
Name: DEETS, BARRY M
Address: 2400 SE VETERANS MEMORIAL PARKWAY # 206
City-St-Zip: PORT ST. LUCIE, FL 34952

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: BARRY M. DEETS P 03/25/2009

Electronic Signature of Signing Officer or Director — Date