## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000012064

City-St-Zip:

ORLANDO, FL 32814 US

Entity Name: IN-FLORIDA MORTGAGE, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	KE BALDWIN D, FL 32814	LN. US			
Current Mailing Address:			New Mailing Address:		
	KE BALDWIN D, FL 32814	LN. US			
FEI Number	: 33-1201871	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
5125 ADA	N SAFETY CO NSON ST. SU D, FL 32804				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WILLIAMS, DO	RIVER CANAL RD #404	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, DO	RIVER CANAL RD #404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V ( WILLIAMS, CH 1450A LAKE E		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: CHRISTOPHER WILLIAMS VP 04/20/2009