

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19590

FILED
Apr 19, 2006
Secretary of State

Entity Name: MERCANTILE MORTGAGE COMPANY

Current Principal Place of Business:

470 OLDE WORTHINGTON RD
300
WESTERVILLE, OH 43082 US

New Principal Place of Business:

Current Mailing Address:

470 OLDE WORTHINGTON RD
300
WESTERVILLE, OH 43082 US

New Mailing Address:

FEI Number: 36-3570056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLE, MARK A
2706 ALT. 19 NORTH STE 217
PALM HARBOR, FL 34683 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: CD () Delete
Name: NOBLE, RONALD B.
Address: 684 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: PR () Delete
Name: NOBLE, MARK A.
Address: 1300 PLAYMOOR DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: CEO () Delete
Name: SILVEOUS, BRANT D.
Address: 3416 OLENTANGY RIVER ROAD
City-St-Zip: DELAWARE, OH 43015

Title: ST () Delete
Name: LAISURE, SHERRI K.
Address: 2091 HAYER COURT
City-St-Zip: LEWIS CENTER, OH 43035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRI LAISURE

ST

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date