

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011729

Entity Name: FIRST FRANKLIN MORTGAGE, INC.

FILED
May 11, 2005
Secretary of State

Current Principal Place of Business:

2605 THOMAS DR
240
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

2605 THOMAS DRIVE
240
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 59-3357800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARTE, JAIME
2605 THOMAS DRIVE, SUITE 240
PANAMA CITY BEACH, FL 32408 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: PTD () Delete
Name: SARTE, JENNIFER
Address: 6927 N LAGOON DR
City-St-Zip: PANAMA CITY, FL 32408

Title: VSD () Delete
Name: SARTE, EMELIE
Address: 6927 N LAGOON DR
City-St-Zip: PANAMA CITY, FL 32408

Title: VSD () Delete
Name: SARTE, JAIME
Address: 6927 N LAGOON DR
City-St-Zip: PANAMA CITY, FL 32408

Title: VSD () Delete
Name: SARTE, SHANE
Address: 6927 N LAGOON DR
City-St-Zip: PANAMA CITY BCH, FL 32408

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 Section 119.07(3)(i), 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: EMELIE SARTE

VP

05/11/2005

Electronic Signature of Signing Officer or Director

_____ Date