
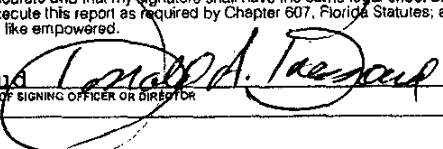


**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90212 020 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000021542</b>					
1. Entity Name UST MORTGAGE COMPANY					
Principal Place of Business 4601 TOUCHTON ROAD EAST BUILDING 300, SUITE 3220 JACKSONVILLE, FL 32246 US			Mailing Address 4601 TOUCHTON ROAD EAST BUILDING 300, SUITE 3220 JACKSONVILLE, FL 32246 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0649747	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BRESSOUD, DONALD A 4601 TOUCHTON ROAD EAST BUILDING 300, SUITE 3220 JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	PD BRESSOUD, DONALD A 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOWLING, JAMES V 132 ROYAL PALM WAY PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTHANN, NATICA V 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MATHEWS, PAULA M 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS MATHEWS, PAULA M 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOWNEY, MERRILEE J 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRINKMAN, RICHARD E 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WARD, SHELLEY K 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESKE, ERIN R 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, MICHELLE 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, ROBERT J, JR. 4601 TOUCHTON ROAD EAST, BLDG 300 STE 3220 JACKSONVILLE, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Donald A. Bressoud</u>  4/26/07 904 564 7701 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					