2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000045517

1. Entity Name

SOUTHERN HOME MORTGAGE, INC.



FILED
Apr 02, 2007 08:00 AM
Secretary of State

Principal Place of Business 933 BEVILLE ROAD 103-F

SIGNATURE:

SOUTH DAYTONA, FL 32119

Malling Address
PO BOX 55126

PO BOX 551260 JACKSONVILLE, FL 32255

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

03232007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3382006 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

386 760 753

ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD BULIDING 100 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

3/25

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 Sgrature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreture required when renatating) DATE					
FILE NOWIII FRE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			° 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHWARTZ, WINSTON 933 BEVILLE ROAD #103-F DAYTONA BCH, FL 32119				
NAME STREET ADDRESS CITY-ST-ZIP	DPT ADLEY, JAMIE 933 BEVILLE ROAD #103-F DAYTONA BCH, FL 32119				U00000685955 04/03/07-80026-013 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

MITTED MAKE OF EXCHANG OFFICER OR DIRECTOR