

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059680

FILED
Apr 28, 2004
Secretary of State

Entity Name: SOMMERSBY MORTGAGE, INC.

Current Principal Place of Business:

998 WESTWOOD SQUARE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

998 WESTWOOD SQUARE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3454802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANITO, MARGARET P
7139 TIMBER DIRVE
WINTER PARK, FL 32792 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: PD () Delete
Name: JENRETTE, GLORIA
Address: 1965 BROOKS LANE
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: POTTER, SHANNON
Address: 706 ADIDAS ROAD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST () Delete
Name: MACMAHON, CAITLIN
Address: 1447 FOREST HILLS DRIVE
City-St-Zip: WINTER SPGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: MACMAHON, CAITLIN M
Address: 1447 FOREST HILLS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: GLORIA JENRETTE

PD

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date