



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90235 004 ***150.00

DOCUMENT # P97000065960					
1. Entity Name SALO MORTGAGE COMPANY, INC.					
Principal Place of Business 6418 RIDGE ROAD PORT RICHEY, FL 34668			Mailing Address 6418 RIDGE ROAD PORT RICHEY, FL 34668		
2. Principal Place of Business 7206 Southwind Dr		3. Mailing Address P.O. Box 5406			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292006 Chg-P CR2E034 (11/05)	
City & State HUDSON, FL		City & State HUDSON, FL		4. FEI Number 65-0767014	
Zip 34667		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALO, RICHARD G 6418 RIDGE RD. PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable) 7206 Southwind Dr.		
City			City		
HUDSON			HUDSON		
FL			FL		
34667			34667		
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: <i>Richard G. Salo</i>				DATE: 4-3-2006	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PD	SALO, MARIANNE B <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	7206 SOUTHWIND DR HUDSON, FL 34667		STREET ADDRESS CITY-ST-ZIP		
TITLE V	SALO, RICHARD G <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	7206 SOUTHWIND DR HUDSON, FL 34667		STREET ADDRESS CITY-ST-ZIP		
TITLE ST	SCOTT, ERIKA M <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	8505 MILL CREEK LN BAYONET POINT, FL 34667		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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: <i>Richard G. Salo</i> Richard G. Salo 04/03/2006 727 457 0264					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					