

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070904

Entity Name: SOUTHERN STATE MORTGAGE, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

1136 PINE ISLAND ROAD
CAPE CORAL, FL 33909

New Principal Place of Business:

1136 PINE ISLAND ROAD
SUITE 5
CAPE CORAL, FL 33909

Current Mailing Address:

2613 SW 32ND ST.
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-0774394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMCKE, JEFFREY R
1136 PINE ISLAND ROAD
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

LEMCKE, JEFFREY R
1136 PINE ISLAND ROAD, SUITE 5
CAPE CORAL, FL 33909 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMCKE, JEFFREY R
Address: 1136 PINE ISLAND ROAD
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEMCKE, JEFFREY R
Address: 1136 PINE ISLAND ROAD
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFF LEMCKE

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date