

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097566

FILED
Jan 17, 2007
Secretary of State

Entity Name: BANKERS HOME MORTGAGE, INC.

Current Principal Place of Business:

9440 PHILLIPS HWY
STE 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9440 PHILLIPS HWY
STE 1
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3478518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINSON, FREDERICK M
1252 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

WILKINSON, FREDERICK M
9440 PHILIPS HWY
STE 1
JACKSONVILLE, FL 32256 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:

01/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILKINSON, FREDERICK M
Address: 1252 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VTS (X) Delete
Name: WILKINSON, DEBORAH R
Address: 1252 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: SCHMIDT, CHARLES A
Address: 11314 FAIRFOREST LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: V () Delete
Name: WATTS, GERALDINE C
Address: 5355 TULANE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: CASTAGNA, KATHERINE D
Address: 12091 LIVERY DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: V () Delete
Name: DEEN, DAVID I
Address: 11638 THORNAPPLE DR
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTS (X) Change () Addition
Name: WILKINSON, FREDERICK M
Address: 1252 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDERICK M WILKINSON

DTS

01/17/2007

Electronic Signature of Signing Officer or Director

Date