

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90031 048 ***150.00

DOCUMENT # P98000052268

1. Entity Name
WORTH MORTGAGE COMPANY, INC.



20006603



02172007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0846142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Principal Place of Business
**11911 US HIGHWAY ONE SUITE 209
NORTH PALM BEACH, FL 33408 US**

Mailing Address
**11911 US HIGHWAY ONE
SUITE 209
NORTH PALM BEACH, FL 33408 US**

2. Principal Place of Business - No P.O. Box #
11911 US Highway 1
Suite, Apt. #, etc.
16

3. Mailing Address
11911 US Highway 1
Suite, Apt. #, etc.
16

City & State
TEQUESTA FL
Zip
33469 Country
Palm Beach

City & State
TEQUESTA FL
Zip
33469 Country
Palm Beach

6. Name and Address of Current Registered Agent
**FANTIN, JAMES A
11911 US HWY ONE
SUITE 209
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11911 US Highway 1 # 16
City
TEQUESTA FL Zip Code
33469

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANTIN, JAMES A 11911 US HWY ONE STE 209 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANTIN, SABRINA 11911 US HIGHWAY ONE STE 209 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11911 US Highway 1 # 16 TEQUESTA FL 33469
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, initial, or other like empowered.

SIGNATURE: **President** 3.10.07 561745-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #