

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P98000085475

1. Entity Name
SARASOTA MORTGAGE COMPANY



Principal Place of Business
**630 SOUTH ORANGE AVE.
SUITE 200
SARASOTA, FL 34236**

Mailing Address
**630 SOUTH ORANGE AVE.
SUITE 200
SARASOTA, FL 34236**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0869545	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KOHL-HELBIG, LAUREN
1800 SECOND STREET #901
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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 **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SULLIVAN, BEVERLY**
STREET ADDRESS **630 S. ORANGE AVENUE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP**
NAME **MAHON, ELIZABETH**
STREET ADDRESS **630 S. ORANGE AVENUE**
CITY-ST-ZIP **SARASOTA, FL 34236**

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04/16/07-80016-002 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 241-230-8950
Daytime Phone #