2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P98000106539 1. Entity Name **GUARANTEED MORTGAGE CORPORATION OF SOUTHWEST FLORIDA** Principal Place of Business Mailing Address 6350-8 PRESIDENTIAL CT. FT. MYERS FL 33919 6350-B PRESIDENTIAL CT. FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0881237 Not Applica-Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, CHESTER L Street Address (P.O. 50x Number is Not Acceptable) 6350-B PRESIDENTIAL CT. FT. MYERS FL 33919 City Zip Code B. 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 access 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 9. Election Campaign Financing \$5.00 May 2 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THTLE TIFLE ☐ Chance Delete Additi: NAME BROWN, CHESTER L NAME STREET ADDRESS 6350-B PRESIDENTIAL CT. STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 Change TITEE. Addition Delete TITLE **U**00000489810 NAME NAME 04/18/06-80027-021 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET NOORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addmin TITLE Defete THEE Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 3)TIT Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete HILE T1 Change Addition 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 807, 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: 🗘

Chester L. Brown

3/27/06 239 590 3900

FILED