


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90139 011 ***150.00

DOCUMENT # P99000102128

1. Entity Name
LIGHTHOUSE MORTGAGE CORPORATION



Principal Place of Business
**12650 NEW BRITTANY BLVD
 FT. MYERS, FL 33907**

Mailing Address
**12650 NEW BRITTANY BLVD
 FT. MYERS, FL 33907**

2. Principal Place of Business - No P.O. Box #
**12650 New Brittany Blvd
 Suite, Apt. #, etc.
 Ste 102B**

3. Mailing Address
**12650 New Brittany Blvd
 Suite, Apt. #, etc.
 Ste 102B**


City & State
Ft Myers FL

City & State
Ft FL

Zip
33907

Country
USA

90000



03302007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0963637

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCARBROUGH, JOHN ROBERT
 12650 NEW BRITTANY BLVD
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name
Scarborough, John R.

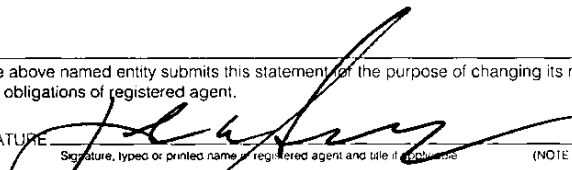
Street Address (P.O. Box Number is Not Acceptable)
12650 New Brittany Blvd Ste 102B

City
Ft Myers

State
FL

Zip Code
33907

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  **John R. Scarborough, President** DATE **4/2/07**

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

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

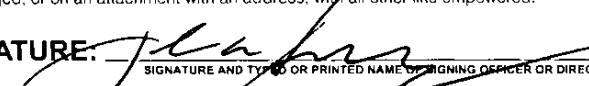
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCARBROUGH, JOHN ROBERT 2834 SW 51ST ST. CAPE CORAL, FL 33914	<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	P/O Scarborough, John R. 5312 SW 24th Pl CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S Scarborough, Karen J. 5312 SW 24th Pl CAPE CORAL FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE  **John A. Scarborough** DATE **4/2/07** DAYTIME PHONE # **239-482-4663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR