## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # \$89786

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

## **FILED** Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90125 005 \*\*\*150.00

☐ Addition

Change

1. Entity Nam	RO ORLANDO MORTGAGE	CORPORATION				0   <b>21 2</b> 000 )	0123 003	150.	.00	
Principal Place of Business		Mailing Address			20034296					
4800 ARCIE STREET ORLANDO, FL 32812 US		4800 ARCIE STREET ORLANDO, FL 32812	4800 ARCIE STREET ORLANDO, FL 32812			003200				
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	34 (11/05)		
City & State		City & State	City & State		4. FEI Numbe 59-3093			_ <del>                                    </del>	plied For	
Zip	Country	Zip Cour		<del></del>		<u> </u>		8.75 Add		
	6. Name and Address of Current Ro	egistered Agent		7. Name and Address of N						
4800 ARCI	AMES ROGER IE STREET D. FL 32812			Street Address	(P.O. Box Numbe	r is Not Acceptable	e)			
	o'		City				FL	Zip Code	9	
SIGNATUREFILI After Ma	Signature, typed or printed name of registered agent and . E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campa	aign Financi		.00 May Be		DATE			
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKKE, JAMES 4800 ARCIE STREET ORLANDO, FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		<b>s</b> .	_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS (IT-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS				☐ Change	☐ Addition	

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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE()

☐ Delete