## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52166

City-St-Zip:

Entity Name: SEACO MORTGAGE, INC.

FILED Apr 21, 2006 Secretary of State

| Littly Nai                                    | HE. SLACON   | IORTGAGE,      | IIVC.                      |   |  |                |                       |  |
|---|--|----------------|----------------------------|---|--|----------------|-----------------------|--|
| Current Principal Place of Business:          |  |                |                            | New Prin                                    | New Principal Place of Business:                           |                |                       |  |
| 200 SOLAN<br>A<br>PONTE VE                    | NO ROAD<br>EDRA BEACH,                                 | FL 32082       | US                         |   | E VEDRA BLVD.<br>EDRA BEACH, I                             |                | US                    |  |
| Current M                                     | ailing Addres  | s:             |                            | New Mail                                    | New Mailing Address:                                       |                |                       |  |
| P.O. BOX 8<br>PONTE VE                        | 305<br>EDRA BEACH,                                     | FL 32082       | US                         |   | E VEDRA BLVD.<br>EDRA BEACH,                               |                | US                    |  |
| FEI Number:                                   | 59-3132597   | FEI Number     | Applied For ( )            | FEI Number Not App                          | olicable ( )   | Certificate of | Status Desired ( )    |  |
| Name and Address of Current Registered Agent: |  |                |                            |   | Name and Address of New Registered Agent:                  |                |                       |  |
| 3010 SOUT<br>JACKSON                          |  | ET<br>FL 32250 | US<br>statement for the pu | rpose of changing                           | its registered of  | fice or regis  | tered agent, or both, |  |
| SIGNATUR                                      | RE:  |                |                            |   |  |                |                       |  |
| Electronic Signature of Registered Agent      |  |                |                            |   | Date   |                |                       |  |
| Election Can                                  | npaign Financing                                       | Trust Fund C   | ontribution ( ).           |   |  |                |                       |  |
| OFFICERS AND DIRECTORS:                       |  |                |                            | ADDITIO                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:               |                |                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DPT ()<br>MCCONDICHIE<br>61 PONTE VED<br>PONTE VEDRA   | RA BLVD.       | 2                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()(  | Change ( ) Ad  | ldition               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPS ()<br>BOWLER, DAVI<br>718 PONTE VEI<br>PONTE VEDRA | DRA BLVD.      | 2                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | VPS (X)<br>MCCONDICHIE,<br>61 PONTE VEDRA<br>PONTE VEDRA I | RA BLVD.       |                       |  |
| Title:<br>Name:                               | ( )  | Delete         |                            | Title:<br>Name:                             | ST ()(<br>FLINCHBAUGH,                                     |                | ddition               |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: PONTE VEDRA BEACH, FL 32082

SIGNATURE: H.D. MCCONDICHIE DPT 04/21/2006