


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90411 047 ***150.00

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|--|--|--|---|---|--|
| DOCUMENT # V60291 1. Entity Name FIRST AMERICAN MORTGAGE CO., INC. | | | |  | |
| Principal Place of Business 125 WEST KLOSTERMAN RD. TARPON SPRINGS, FL 34689 US | | | Mailing Address 125 WEST KLOSTERMAN RD. TARPON SPRINGS, FL 34689 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3139402 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RYDER, SALLY 125 WEST KLOSTERMAN RD. TARPON SPRINGS, FL 34689 | | | 7. Name and Address of New Registered Agent Name <u>Ryder, Sally</u> Street Address (P.O. Box Number is Not Acceptable) <u>1087 Copeland Ct.</u> City <u>Tarpon Springs</u> FL Zip Code <u>34688</u> | | |
| 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: <u>Sally Ryder</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/10/07</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RYDER, SALLY 1087 COPELAND CT TARPON SPRINGS, FL 34688 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RYDER, DAVID 1087 COPELAND CT TARPON SPRINGS, FL 34688 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>Sally Ryder</u> | | Date: <u>4/10/07</u> (737) 934-5626 | | | |