

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P22000093691

**Entity Name:** JOHN GALT MORTGAGE COMPANY**Current Principal Place of Business:**1135 OAK BLUFF AVE.  
CHARLESTON, SC 29492**Current Mailing Address:**P.O. BOX 548  
HUGER, SC 29450 US**FEI Number:** 35-2785045**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIMOTHY CHERMAK  
131 CORAL VINE DRIVE  
NAPLES, FL 34110 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                 |
|-----------------|-----------------|
| Title           | D               |
| Name            | TIMOTHY CHERMAK |
| Address         | P.O. BOX 548    |
| City-State-Zip: | HUGER SC 29450  |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | BRODERICK, MITCHELL |
| Address         | 1135 OAK BLUFF AVE  |
| City-State-Zip: | CHARLESTON SC 29492 |

|                 |                |
|-----------------|----------------|
| Title           | D              |
| Name            | ANDREW CHERMAK |
| Address         | P.O. BOX 548   |
| City-State-Zip: | HUGER SC 29450 |

|                 |                |
|-----------------|----------------|
| Title           | D              |
| Name            | AFSANEH SHORTT |
| Address         | P.O. BOX 548   |
| City-State-Zip: | HUGER SC 29450 |

|                 |                |
|-----------------|----------------|
| Title           | D              |
| Name            | ANDREW MADSEN  |
| Address         | P.O. BOX 548   |
| City-State-Zip: | HUGER SC 29450 |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | RYMER, MAX          |
| Address         | 1135 OAK BLUFF AVE. |
| City-State-Zip: | CHARLESTON SC 29492 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** MITCHELL BRODERICK**PRESIDENT****06/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date