

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001910

FILED  
Aug 13, 2008  
Secretary of State

Entity Name: TIDEWATER MORTGAGE SERVICES INC.

**Current Principal Place of Business:**

200 GOLDEN OAK CT STE 100  
VA. BEACH, VA 23452

**New Principal Place of Business:**

**Current Mailing Address:**

200 GOLDEN OAK CT STE 100  
VA. BEACH, VA 23452

**New Mailing Address:**

FEI Number: 54-1870627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SANDLER, STEVE  
Address: 1357 HARRIS RD  
City-St-Zip: VA. BEACH, VA 23452

Title: D ( ) Delete  
Name: SANDLER, ARTHUR  
Address: 3076 KLINE DR  
City-St-Zip: VA. BEACH, VA 23452

Title: PS ( ) Delete  
Name: BENSON, NATHAN  
Address: 3108 BISHOPS GALE CT  
City-St-Zip: VA. BEACH, VA 23452

Title: V ( ) Delete  
Name: HARRIMAN, THOMAS W  
Address: 2497 BAY VIEW AVE  
City-St-Zip: VA. BEACH, VA 23455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: THOMAS W. HARRIMAN

VP

08/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date