2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2005 8:00 am Secretary of State

Daytime Phone #

ANNOAE REPORT				Secretary or State		
DOCUMENT # P03000083834 1. Entity Name A.F.S. MORTGAGE, INC.					2005 90053 002 ***150.00	
Principal Place of Bu	siness	Mailing Address	• •	 	ng lagh with gains on he	
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1820 RIGGINS ROAD TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308			ios 🕌 🗇	1		
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2. Principal Place of Business 3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032005 Chg-P	CR2E034 (10/03)	
City & State City & State			4. FEI Number	Applied For		
					Not Applicable	
Zip Country		Zip	Country	5. Certificate of Status De	sired S8.75 Additional	
				J. Certificate of Status De	Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of	New Registered Agent	
Name				36-10-H	+6-2-A	
DELAO, HECTOR A				Street Address (P.O. Box Number is Not Acceptable)		
1145 HIGH MEADOW DRIVE TALLAHASSEE, FL 32311				S (F.O. DOX NUMBER IS NOT ACC	eptable)	
ALLAHASSEE, PL 32311				42 15	0.1	
			1 0	42 Engles	KILGE IDRIVE	
			City Tal	1/2/205588	FL ZinCode	
8. The above named	d entity submits this statement f	or the purpose of changing its	registered office or regis		te of Florida Lam familiar with and accept	
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.						
11 7 4-U-05						
SIGNATURE Signetur	hydrony printed purpo at the change purpo	t and title if applicable (NOTE	17	·	A	
Signatup, typed corinted name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND	N DIRECTORS	11.	ADDITIONS (CHANCES I	TO OFFICERS AND DIRECTORS IN 11	
TITLE D	OT TOLES AND	Delete		ADDITIONS/CHANGES		
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l - 1	3X 10707		NAME STREET ADDRESS		,	
l I	AHASSEE, FL 32302		CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.						
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SIGNATURE: 4-4-05						
İ	SIGNATURE ARB TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #	