

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90026 007 ***150.00

DOCUMENT # P06000099702

1. Entity Name
DTS MORTGAGE CORP



Principal Place of Business
**5505 NW 60TH CR
CORAL SPRINGS, FL 33067**

Mailing Address
**5505 NW 60TH CR
CORAL SPRINGS, FL 33067**

30001334



2. Principal Place of Business - No P.O. Box #
293 SW Port St Lucie Blvd
Suite, Apt. #, etc.

3. Mailing Address
293 SW Port St Lucie Blvd
Suite, Apt. #, etc.

05222007 Chg-P CR2E034 (12/06)

City & State
Port St Lucie FL
Zip
34984 Country
US

City & State
Port St Lucie FL
Zip
34984 Country
US

4. FEI Number
20-534871 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSH, GINA L
5505 NW 60TH CR
CORAL SPRINGS, FL 33067**

7. Name and Address of New Registered Agent

Name
JOHN P. MILLER
Street Address (P.O. Box Number is Not Acceptable)

2499 GLADES RD #305A
City
BOCA RATON FL Zip Code
33431

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 **JOHN P. MILLER** DATE **5-22-2007**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARSH, GINA L
5505 NW 60TH CR
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
FEDDERWITZ, ROBERT A
5505 NW 60TH CR
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARSH GINA
293 SW Port St Lucie Blvd
Port St Lucie FL 34984** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
FEDDERWITZ, ROBERT A
293 SW Port St Lucie Blvd
Port St Lucie FL 34984** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: **Gina L. Marsh** **GINA L. MARSH** **5-22-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #