

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001394

1. Entity Name
A. ANDERSON SCOTT MORTGAGE GROUP, INC.



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
51 MONROE STREET
SUITE 1901
ROCKVILLE, MD 20850

Mailing Address
51 MONROE STREET
SUITE 1901
ROCKVILLE, MD 20850



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1982271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHENEY, DEL
217 LAGOON DRIVE
OZONA, FL 34660

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000954360
07/11/08-80010-009 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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	P
NAME	SCOTT, TIMOTHY P
STREET ADDRESS	51 MONROE STREET, SUITE 1901
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	V
NAME	CHIN, PATTY
STREET ADDRESS	51 MONROE STREET, SUITE 1901
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 301-424-7901
Date Daytime Phone #