

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694190

FILED
May 02, 2008
Secretary of State

Entity Name: ALLSALES MORTGAGE CORPORATION

Current Principal Place of Business:

8910 N. DALE MABRY
STE 19
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8910 N. DALE MABRY
STE 19
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2636450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARR, JAMES
1502 W. FLETCHER AVE.
#101
TAMPA, FL 33612 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: P () Delete
Name: LUCAS, ALAN L.,
Address: 16408 E. COURSE DR.
City-St-Zip: TAMPA, FL 33624

Title: DO (X) Delete
Name: DRURY, JESSICA J
Address: 1017 MALLETWOOD DRIVE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALAN L. LUCAS

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date