

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002280

FILED
May 18, 2006
Secretary of State

Entity Name: LENDMARK FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1506 KLONDIKE ROAD, SUITE 400
CONYERS, GA 30094

New Principal Place of Business:

Current Mailing Address:

1506 KLONDIKE ROAD, SUITE 400
CONYERS, GA 30094

New Mailing Address:

FEI Number: 58-2257419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 333242525 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: PCEO () Delete
Name: AIKEN, ROBERT W
Address: 1506 KLONDIKE ROAD, SUITE 400
City-St-Zip: CONYERS, GA 30094

Title: VD () Delete
Name: BURGAMY, JOE H
Address: 1506 KLONDIKE ROAD, SUITE 400
City-St-Zip: CONYERS, GA 30094

Title: VD () Delete
Name: THOMAS, DAREN L
Address: 1506 KLONDIKE ROAD, SUITE 400
City-St-Zip: CONYERS, GA 30094

Title: D () Delete
Name: STARNES, CLARKE R III
Address: 200 W 2ND STREET, 5TH FLOOR
City-St-Zip: WINSTON SALEM, NC 27101

Title: D () Delete
Name: DALE, TIMOTHY C
Address: 223 WEST NASH STREET
City-St-Zip: WILSON, NC 27894

Title: D () Delete
Name: MEDLIN, STEVE
Address: 1583 EAST 10TH STREET
City-St-Zip: ROANOKE RAPIDS, NC 27870

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:

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 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: ROBERT R. DENNISON, II

VD

05/18/2006

Electronic Signature of Signing Officer or Director

Date