

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # F01000005187

1. Entity Name
WESTSTAR MORTGAGE, INC.



Principal Place of Business
**3350 COMMISSION COURT
WOODBIDGE, VA 22192**

Mailing Address
**3350 COMMISSION COURT
WOODBIDGE, VA 22192**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
54-1994393

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	JONES, WALTER F
STREET ADDRESS	3350 COMMISSION COURT
CITY-ST-ZIP	WOODBIDGE, VA 22192
TITLE	P
NAME	MURPHY-ZIMPEL, KATHLEEN
STREET ADDRESS	3350 COMMISSION COURT
CITY-ST-ZIP	WOODBIDGE, VA 22192
TITLE	S
NAME	MURPHY-ZIMPEL, KATHLEEN
STREET ADDRESS	3350 COMMISSION COURT
CITY-ST-ZIP	WOODBIDGE, VA 22192
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80075-023 150.00

**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

1/11/2008

Date

703.497.2233

Daytime Phone #