

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90387 047 ***150.00

DOCUMENT # F03000003840

1. Entity Name
THE CONCISE MORTGAGE SOLUTIONS, INC.



Principal Place of Business
**7500 GREENWAY CENTER DR
SUITE 1140
GREENBELT, MD 20770**

Mailing Address
**7500 GREENWAY CENTER DR SUITE 1140
GREENBELT, MD 20770**

40037160



04122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
30-0179633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTIS, NOVLET P
301 WOODSTEAD LN
LONGWOOD, FL 32779**

Name: **Patricia Persaud**
Street Address (P.O. Box Number is Not Acceptable)
1184 Cathcart Circle
City: **Sanford** FL Zip Code: **32711**

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: **Patricia Persaud**

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/20/06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DVP** ☐ Delete
NAME: **HARVEY, SONIA A**
STREET ADDRESS: **7500 GREENWAY CENTER DR., SUITE 1140**
CITY-ST-ZIP: **GREENBELT, MD 20770**

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

TITLE: **DVP** ☐ Delete
NAME: **HARVEY, HUGH**
STREET ADDRESS: **401 CENTERPOINTE CIR STE. 1501**
CITY-ST-ZIP: **ALTAMONTE SPRINGS, FL 32701**

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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: **Sonia A. Harvey** **Sonia A. Harvey** 4/20/06 301-982-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	F03000003840
Business Entity Name	THE CONCISE MORTGAGE SOLUTIONS, INC.
Original File Date	08/01/2003

FEI Number 30-0179633

Principal Address 7500 GREENWAY CENTER DR
SUITE 1140
GREENBELT, MD 20770

Mailing Address 7500 GREENWAY CENTER DR SUITE 1140
GREENBELT, MD 20770

Registered Agent NOVLET P MATTIS
301 WOODSTEAD LN
LONGWOOD, FL 32779 US

Officer/Director Name And Address

DVP
SONIA A HARVEY
7500 GREENWAY CENTER DR., SUITE 1140
GREENBELT, MD 20770

DVP
HUGH HARVEY
401 CENTERPOINTE CIR STE. 1501
ALTAMONTE SPRINGS, FL 32701

If all of the above
information is correct and
you do not wish to make any
changes, please select:

If you need to make changes
to the above information,
please select:

[Sunbiz Home Page](#)

[Help](#)