

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001475

1. Entity Name
C & F MORTGAGE CORPORATION



Principal Place of Business
**1400 ALVERSUE DRIVE
MIDLOTHIAN, VA 23113**

Mailing Address
**1400 ALVERSUE DRIVE
MIDLOTHIAN, VA 23113**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number **54-1773964** ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCKERNON, BRYAN 1400 ALVERSUE DRIVE MIDLOTHIAN, VA 23113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FOX, MARK A 1400 ALVERSUE DRIVE MIDLOTHIAN, VA 23113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DILLON, LARRY G 1002 KIRBY STREET WEST POINT, VA 23181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUSEY, J.P. JR. 1ST AND LEE STREETS WEST POINT, VA 23181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUDSON, JAMES H III 840 RIVER ROAD WEST POINT, VA 23181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, WILLIAM E 102 OVERLOOK DRIVE WILLIAMSBURG, VA 23185

0000014614
09/27/05 80002-024 150.00

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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: James Z
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06
Date

(84)
858-8300
Daytime Phone #