

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003613

1. Entity Name
NATIONS HOME FUNDING, INC.



Principal Place of Business
**1925 ISAAC NEWTON SQUARE, SUITE 100
RESTON, VA 20190**

Mailing Address
**1925 ISAAC NEWTON SQUARE, SUITE 100
RESTON, VA 20190**

U00000437869
02/28/06-80065-009 158.75



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
62-1714606 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

**CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303**

**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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HARDWICK, LAWSON H III
STREET ADDRESS	761 OLD HICKORY BLVD., SUITE 400
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	VCS
NAME	MCQUAIG, JAMES M
STREET ADDRESS	1925 ISAAC NEWTON SQUARE, SUITE 100
CITY-ST-ZIP	RESTON, VA 20190
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

2/23/06
Date

615-370-8000
DeVine Phone #