

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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| DOCUMENT # F05000004139 | |
| 1. Entity Name INTERCOASTAL MORTGAGE AND COMPANY INC. | |



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| Principal Place of Business 4100 MONUMENT CORNER DRIVE SUITE 220 FAIRFAX, VA 22030 | Mailing Address 4100 MONUMENT CORNER DRIVE SUITE 220 FAIRFAX, VA 22030 |
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02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 52-1597440 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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**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 _____

**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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C VAN METRE, ALBERT G SR 5252 LYNATE COURT BURKE, VA 22015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC VAN METRE, ALBERT G JR 5252 LYNATE COURT BURKE, VA 22015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOLLPETER, DAVID W 4100 MONUMENT CORNER DRIVE SUITE 220 FAIRFAX, VA 22030 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RABIL, RICHARD J 5252 LYNATE COURT BURKE, VA 22015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST RYAN, KENNETH A 5252 LYNATE COURT BURKE, VA 22015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/20/06-00032-020 158.75

**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: **David W. Hollopeter, COO & President 3/7/06 703-449-6800**