

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 011 ***150.00

DOCUMENT # F06000000894

1. Entity Name
AGFS MORTGAGE LENDING, INC.



Principal Place of Business
601 NW SECOND STREET
EVANSVILLE, IN 47708

Mailing Address
601 NW SECOND STREET
EVANSVILLE, IN 47708

40078310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-3894515

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 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
NAME CFOD
STREET ADDRESS BREIVOGEL, DONALD R JR.
CITY-ST-ZIP 601 NW SECOND STREET
EVANSVILLE, IN 47708 ☐ Delete

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

TITLE
NAME VD
STREET ADDRESS GARDNER, DANNY W
CITY-ST-ZIP 601 NW SECOND STREET
EVANSVILLE, IN 47708 ☐ Delete

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

TITLE
NAME SRV
STREET ADDRESS BREIVOGEL, DONALD R JR.
CITY-ST-ZIP 601 NW SECOND STREET
EVANSVILLE, IN 47708 ☐ Delete

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

TITLE
NAME PD
STREET ADDRESS ROACH, GEORGE D
CITY-ST-ZIP 601 NW SECOND STREET
EVANSVILLE, IN 47708 ☐ Delete

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

TITLE
NAME VS
STREET ADDRESS GRABER, THOMAS D
CITY-ST-ZIP 601 NW SECOND STREET
EVANSVILLE, IN 47708 ☐ Delete

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

TITLE
NAME T
STREET ADDRESS BINYON, BRYAN A
CITY-ST-ZIP 601 NW SECOND STREET
EVANSVILLE, IN 47708 ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Timothy W. Blythe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

812-424-8031

Date

Daytime Phone #

Associate Tax Officer