2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am Secretary of State

		IAVE II		****	· *****	<u>.</u> .		· J		uv
DOCUMENT # F0700006270 1. Entity Name CONCEPT ONE MORTGAGE INC.).	02-19-2008	90024 04	11 ***15	8.75
Principal Plac	a of Business	Mailing Address			400.					
Principal Place of Business			Mailing Address							
296 WESTFORD STREET			296 WESTFORD STREET							
LOWELL, MA 01851			LOWELL, MA 01851			1 .				
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
2. Principal P	lace of Business - No P.O.	Box # 3.	3. Mailing Address				18 /// 198 // 19 /// 19 /// 18 ///			
			<u> </u>				•			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02062008	Chg-P	CR2E03	4 (12/06)	
							-			
City & State			City & State			4. FEI Numbe				plied For
					30-	<u>///8868</u>		Nc	t Applicable	
Zip	Zip Country		Zip Co		try	5. Certificate	of Status Desired			litional 🛶
						Fee Required				d
	6. Name and Address		7. Name and	Address of New Ro	egistered A	gent				
	To fin				Name					
MURRAY, PATRICIA					Charact & diducate	/D.O. David North				
5759 VIBURNUM COURT					Sireet Address	(P.O. Box Number	er is Not Acceptable	")		
POLK CIT	Y, FL 33868									
•										
			•		City		•	FL	Zip Cod	е
					L					
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 NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5										
After Ma	ay 1, 2008 Fee will l	be \$550.00	Trust Fund Cont	ribution.	☐ Ad	ded to Fees				
10. OFFICERS AND			DIRECTORS 11.			ADDITIONS	CHANGES TO OFFI	CEDS AND I	NUCCTOR	C IAI 11
	OFFICERS AND DIRECTORS CHRM				.	ADDITIONS	CHANGES TO OTT			
title Name	CHRM Delete				I				☐ Change	☐ Addition
				I						
STREET ADDRESS	296 WESTFORD STR			ET ADDRESS		*				
CITY-ST-ZIP	LOWELL, MA 01851			uit	-ST-ZIP					
TITLE	PVST		☐ Delete	TITL	E				☐ Change	Addition
NAME	LAWRENSON, BOPHA				E					
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TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME			<u> </u>	NAM	I	-				
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CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	tift		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME .			- Desete	NAM	I				change	☐ VOOIIION
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
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12. I hereby of indicated	certify that the information s on this report or suppleme	supplied with this fund	iting does not qualify to and accurate and that r	or the exi ny siane	emptions containe ture shall have the	ed in Chapter 119 same legal effec), Florida Statutes. I	further certif	y that the in	nformation or director
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 additional report is reported.										
changed	or on an attachment with a	an edgress, with a	i other like empowered			•				
		- ^ ^ 1	// L							

Date

Daytime Phone #