2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G71964

1. Entity Name

ALLEN C. EWING MORTGAGE AND REALTY, INC.



Principal Place of Business

50 N. LAURA STREET

SUITE 3625 JACKSONVILLE, FL 32202

Mailing Address

50 N. LAURA STREET

SUITE 3625

JACKSONVILLE, FL 32202

No Chg-P

CR2E034 (11/05)

FILED Jan 23, 2006 08:00 AM

Secretary of State

4. FEI Number 59-2360541

01192006

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BISHOP, BEJAMIN C. 50 N LAURA STREET SUITE 3625 **SUITE 2100** JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its	registered off	ice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered A					required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	MMMM00399401 02/01/06-80009-012 150.00	
10.	OFFICERS AND DIREC	CTORS	1			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP BISHOP, BENJAMIN C 50 N. LAURA ST., SUITE 3625 JACKSONVILLE, FL 32202						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, SHAARON 50 N. LAURA ST., SUITE 3625 JACKSONVILLE, FL 32202						
TITLE NAME STREET ADDRESS CITY -ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		· ·					

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 affacting m with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

Benjamin C. Bishop Jr.

1/20/2006

904-354-5573