

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90051 037 \*\*\*150.00



**DOCUMENT # G71964**  
 1. Entity Name  
**ALLEN C. EWING MORTGAGE AND REALTY, INC.**

Principal Place of Business      Mailing Address  
**50 N. LAURA STREET**      **50 N. LAURA STREET**  
**SUITE 3625**      **SUITE 3625**  
**JACKSONVILLE, FL 32202 US**      **JACKSONVILLE, FL 32202 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40011100



01222008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-2360541**      Not Applicab

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**BISHOP, BEJAMIN C.**  
**50 N LAURA STREET SUITE 3625**  
**SUITE 2100**  
**JACKSONVILLE, FL 32202**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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      CDP       Delete  
 NAME      BISHOP, BENJAMIN C  
 STREET ADDRESS      50 N. LAURA ST., SUITE 3625  
 CITY-ST-ZIP      JACKSONVILLE, FL 32202

TITLE       Change       Additio  
 NAME  
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TITLE      AS       Delete  
 NAME      ANDERSON, SHAARON  
 STREET ADDRESS      50 N. LAURA ST., SUITE 3625  
 CITY-ST-ZIP      JACKSONVILLE, FL 32202

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 CITY-ST-ZIP

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.

*[Handwritten signatures and date 1/28/08]*