


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # J31973 1. Entity Name HURD-HARTER MORTGAGE SUPPORT, INC.	
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Principal Place of Business 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 32216-4502 US	Mailing Address 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 32216-4502 US
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04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2744442	Applied For Not Applicable
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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 HOULD, STEPHEN 920 D THIRD STREET NEPTUNE BEACH, FL 32266
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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 registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURD, MARY K 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 322164502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD DOANE, DOUGLAS S 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 322164502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VELTMAN, EARLINE 1946 PARENTAL HOME ROAD SUITE B JACKSONVILLE, FL 322164502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/16/07-80074-017 158.75

**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: Mary K. Hurd 4-27-07 904 635 1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #