

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90003 049 \*\*\*150.00

**DOCUMENT # J69333**

1. Entity Name

**FEDERAL ATLANTIC MORTGAGE CORPORATION**



Principal Place of Business

P.O. BOX 272906  
TAMPA FL 33688

Mailing Address

P.O. BOX 272906  
TAMPA FL 33688

2. Principal Place of Business

*PO Box 321*  
Suite, Apt. #, etc.

3. Mailing Address

*PO Box 321*  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

*Brooksville, FL*  
Zip *34605* Country *Hernando*

City & State

*Brooksville, FL*  
Zip *34605* Country *Hernando*

4. FEI Number

**59-2824182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LYNN, EDWARDS D.  
15531 LAKESHORE VILLA DR.  
TAMPA FL 33613**

7. Name and Address of New Registered Agent

*D. Lynn Dicks*  
Street Address (P.O. Box Number is Not Acceptable)  
*15219 Bree Drive*  
*Brooksville, FL*  
City *FL* Zip Code *34601*

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

*D. Lynn Dicks*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/28/05*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **EDWARDS, D. LYNN**  
STREET ADDRESS **15531 LAKESHORE VILLA DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ Delete  
NAME **EDWARDS, CHARLES H**  
STREET ADDRESS **15531 LAKESHORE VILLA DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME *D. Lynn Dicks*  
STREET ADDRESS *15219 Bree Drive*  
CITY-ST-ZIP *Brooksville, FL 34601*

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*D. Lynn Dicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/05*  
Date

*(352) 796-487*  
Daytime Phone #