2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# L62284

Entity Name: ATLANTIC MORTGAGE SERVICES, INC.

Current Principal Place of Business:

1790 HWY A-1-A
STE 101
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1790 HWY A-1-A
STE 101
SATELLITE BCH, FL 32937 US

New Mailing Address:

FEI Number: 59-3000922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVERSTREET, DANIEL E
513 TURTLE CIRCLE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: OVERSTREET, DANIEL E.
Address: 513 TURTLE CR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete
Name: OVERSTREET, DEBRA
Address: 513 TURTLE CR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete
Name: CAMP, CHARLES
Address: 2259 ROYAL OAKS DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Delete
Name: ANGELA, MCCOLLUM
Address: 2433 GLASBERN CR
City-St-Zip: W MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA OVERSTREET VP 03/15/2009
Electronic Signature of Signing Officer or Director Date