## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P01000012663 **Secretary of State** GA MORTGAGE SERVICES INC. Mailing Address Principal Place of Business 3390 MYSTIC RIVER OR 3390 MYSTIC RIVER DR NAPLES, FL 34120 NAPLES, FL 34120 CR2E034 (11/05) 03272006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3698003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 900 Fee Required 5. Name and Address of Current Registered Agent MOORE, GERALDINE L DO NOT WRITE 3390 MYSTIC RIVER DR NAPLES, FL 34120 IN THIS SPACE 8. The above remed 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MOORE, GERALDINE L NAME STREET ADDRESS 3390 MYSTIC RIVER DR CITY-ST-709 NAPLES, FL 34120 TITLE MOORE, ALSTORK E NAME STREET ADDRESS 3390 MYSTIC RIVER DR HEREIMARASAN CITY-ST-ZIP NAPLES, FL 34120 14717/196 (11) 49-121 158, 75 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET AUDRESS 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 fixe empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE:

FILED

Mar 30, 2006 08:00 AM