## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000012663**

1. Entity Name

GA MORTGAGE SERVICES INC.



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

3390 MYSTIC RIVER DR NAPLES, FL 34120 Mailing Address

3390 MYSTIC RIVER DR NAPLES, FL 34120



03202007

No Chg-P

CR2E034 (11/05)

FEI Number
 59-3698003

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, GERALDINE L 3390 MYSTIC RIVER DR NAPLES, FL 34120

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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 Signature, typed or printed name of registered agent and tide it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		\$5.00 May Be	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOORE, GERALDINE L 3390 MYSTIC RIVER DR NAPLES, FL 34120			U00000683273	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOORE, ALSTORK E 3390 MYSTIC RIVER DR NAPLES, FL 34120				04/05/07-80038-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.

CIGNATURE. GERALDUR L. Movre

Beraldine L. Moore 3/27/06 239-352-6288