

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90113 029 ***150.00

DOCUMENT # P01000034633

1. Entity Name
A-D MORTGAGE LOAN SPECIALIST, INC.



Principal Place of Business
20020 VETERANS BLVD.
UNIT 14
PORT CHARLOTTE, FL 33954

Mailing Address
20020 VETERANS BLVD.
UNIT 14
PORT CHARLOTTE, FL 33954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1094553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMERALL, ARMON C
20020 VETERANS BLVD.
UNIT 14
PORT CHARLOTTE, FL 33954

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SUMMERALL, ARMON C
STREET ADDRESS 20020 VETERANS BLVD., UNIT 14
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE VD ☐ Delete
NAME MADDEN, DEBRA L
STREET ADDRESS 20020 VETERANS BLVD., UNIT 14
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE STD ☐ Delete
NAME SUMMERALL, JANICE
STREET ADDRESS 20020 VETERANS BLVD., UNIT 14
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME BROWN, Debra L.
STREET ADDRESS Married
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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 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:

Debra L Brown

3-1-06