

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90045 016 ***150.00

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1. Entity Name
ANNDavid MORTGAGE CORP.



Principal Place of Business
**2332 LAKE HELEN OSTEEN RD.
DELTONA FL 32738**

Mailing Address
**2332 LAKE HELEN OSTEEN RD.
DELTONA FL 32738**



2. Principal Place of Business
777 Deltona Blvd.

3. Mailing Address
777 Deltona Blvd

Suite, Apt. #, etc.
Suite #13

Suite, Apt. #, etc.
Suite #13

City & State
Deltona Florida

City & State
Deltona Florida

Zip
32725

Country
USA

Zip
32725

Country
USA

4. FEI Number
59-3747078

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WINNINGHAM, CORY D
2332 LAKE HELEN OSTEEN RD.
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name
777 Deltona Blvd
Street Address (P.O. Box Number is Not Acceptable)
Suite 13
City
Deltona FL Zip Code
32725

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, 2003 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
VSD ☐ Delete
NAME
WINNINGHAM, CORY D
STREET ADDRESS
2530 OMAHA DR.
CITY-ST-ZIP
DELTONA FL 32738

TITLE
PTD ☐ Delete
NAME
WINNINGHAM, DEBORAH A
STREET ADDRESS
2530 OMAHA DR.
CITY-ST-ZIP
DELTONA FL 32738

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
VD ☒ Change ☐ Addition
NAME
Winningham, Cory D.
STREET ADDRESS
509 Brokenshire Dr
CITY-ST-ZIP
DeBary FL 32713

TITLE
PD ☒ Change ☐ Addition
NAME
Winningham, Deborah A.
STREET ADDRESS
509 Brokenshire Dr
CITY-ST-ZIP
DeBary FL 32713

TITLE
SD ☐ Change ☒ Addition
NAME
Winningham, Jack R.
STREET ADDRESS
2520 Crowley Terr
CITY-ST-ZIP
Deltona FL 32738

TITLE
TD ☐ Change ☒ Addition
NAME
Winningham, Kathleen L.
STREET ADDRESS
2520 Crowley Terr
CITY-ST-ZIP
Deltona FL 32738

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

TITLE
NAME ☐ Change ☐ Addition
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:

Cory D. Winningham

386-574-8224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)