

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended FILED

DOCUMENT # P01000095562

1. Entity Name  
ANNDavid MORTGAGE CORP.



03 OCT 13 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
777 DELTONA BLVD, SUITE 13  
DELTONA, FL 32725

Mailing Address  
777 DELTONA BLVD, SUITE 13  
DELTONA, FL 32725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3747078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent  
WINNINGHAM, CORY D  
777 DELTONA BLVD, SUITE 13  
DELTONA, FL 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 resigning)

10-9-03

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
Amended UBR is \$61.25  
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 VD ☐ Delete  
NAME WINNINGHAM, CORY D  
STREET ADDRESS 609 BROOKSHIRE DR.  
CITY-ST-ZIP DEBARY, FL 32713

TITLE PD ☐ Delete  
NAME WINNINGHAM, DEBORAH A  
STREET ADDRESS 609 BROOKSHIRE DR.  
CITY-ST-ZIP DEBARY, FL 32713

TITLE SD ☒ Delete  
NAME WINNINGHAM, JACK R  
STREET ADDRESS 2620 CROWLEY TERR  
CITY-ST-ZIP DELTONA, FL 32738

TITLE TD ☒ Delete  
NAME WINNINGHAM, KATHLEEN L  
STREET ADDRESS 2620 CROWLEY TERR  
CITY-ST-ZIP DELTONA, FL 32738

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

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

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 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:

Deborah Winningham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

DATE

386-574-8224

Daytime Phone #

CR2E034 (10/02)

21 10/13