

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90024 005 ***158.75

DOCUMENT # P03000100032

1. Entity Name

ARDARA MORTGAGE CORPORATION



Principal Place of Business

9100 BAYBERRY BEND
202
FT MYERS FL 33908
US

Mailing Address

9100 BAYBERRY BEND
202
FT MYERS FL 33908
US

44050346



MOORE CR2E034 (4/04)

2. Principal Place of Business

16408 EDMONT DR.

3. Mailing Address

16408 EDMONT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

51-0482381

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEVLIN, BRIAN T
9100 BAYBERRY BEND
202
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

BRIAN T. SHEVLIN

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

16408 EDMONT DRIVE

City

FT. MYERS

FL

Zip Code

33908

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)

8/4/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MARSHALL, JEFFREY R**
STREET ADDRESS **2431 EAST MAIN**
CITY-ST-ZIP **PORTSMOUTH RI 02871**

TITLE **VP** ☐ Delete
NAME **SHEVLIN, BRIAN T**
STREET ADDRESS **9100 BAYBERRY BEND, #202**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **ADVISORY DIRECTOR** ☐ Delete
NAME **ADVISORY DIRECTOR**
STREET ADDRESS **ADVISORY DIRECTOR**
CITY-ST-ZIP **ADVISORY DIRECTOR**

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 **PRESIDENT, SECRETARY** ☒ Change ☐ Addition
NAME **SHEVLIN, BRIAN T**
STREET ADDRESS **16408 EDMONT DR**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **ADVISORY DIRECTOR** ☐ Change ☒ Addition
NAME **JANKINS, MAUREEN**
STREET ADDRESS **14616 SAGAMORE CT.**
CITY-ST-ZIP **FT MYERS, FL 33908**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN T. SHEVLIN

Date

8/4/04

Daytime Phone #

1247