


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90014 025 ***150.00

DOCUMENT # P03000146669 1. Entity Name COVENANT MORTGAGE & INVESTMENTS, INC.																													
Principal Place of Business 5557 OLIVER STREET NORTH JACKSONVILLE, FL 32277 3520 Sandburg Rd. Jacksonville, FL 32277			Mailing Address 5557 OLIVER STREET NORTH JACKSONVILLE, FL 32277 9951 Atlantic Blvd. #102 Jacksonville, FL 32225																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 90-0128614			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02072006 Chg-P CR2E034 (11/05)																										
6. Name and Address of Current Registered Agent STOKES, ASHLEY C 5557 OLIVER STREET NORTH JACKSONVILLE, FL 32277 3520 Sandburg Rd.				7. Name and Address of New Registered Agent Name Stokes, Ashley C Street Address (P.O. Box Number is Not Acceptable) 3520 Sandburg Rd. City Jacksonville FL Zip Code 32277																									
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">PST</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STOKES, ASHLEY C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5557 OLIVER STREET NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> </table>			TITLE	PST	<input type="checkbox"/> Delete	NAME	STOKES, ASHLEY C		STREET ADDRESS	5557 OLIVER STREET NORTH		CITY-ST-ZIP	JACKSONVILLE, FL 32277		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">PST</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Stokes, Ashley</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3520 Sandburg Rd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville FL 32277</td> <td></td> </tr> </table>			TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Stokes, Ashley		STREET ADDRESS	3520 Sandburg Rd.		CITY-ST-ZIP	Jacksonville FL 32277	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-23-06</u> Daytime Phone # <u>607-4668</u>																										