2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013164

Title:

Name:

Address:

City-St-Zip:

FILED Apr 25, 2006 Secretary of State

Entity Nan	ne: KEEPITRE	AL MOBILE MORTGAGE, IN	C.		
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
205 JOEL E SUITE 107 LEHIGH AG		US			
Current Mailing Address:			New Maili	New Mailing Address:	
205 JOEL E SUITE 107 LEHIGH AC		US			
FEI Number:	20-0345095 I	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
205 JOEL E SUITE 107		US			
The above in the State		mits this statement for the pu	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUR					
		Signature of Registered Ager	nt	Date	
Election Can	npaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De DUNCAN, GEORGI 205 JOEL BLVD SI LEHIGH ACRES, F	ET JR JITE 107	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () De PHILLIPS, VIRGINI P.O.BOX 1922 FT. PIERCE, FL 3	АВ	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition PHILLIPS, VIRGINIA B P.O.BOX 584 BUNNELL, FL 32110 US	
Title: Name: Address: City-St-Zip:	T () De DUNCAN, GEORGI 2039 WILLIAMS AV SANFORD, FL 327	ETSR /E	Title: Name: Address: City-St-Zip:	AD (X) Change () Addition DUNCAN, GEORGE T SR 2039 WILLIAMS AVE SANFORD, FL 32771 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE T. DUNCAN JR PD 04/25/2006

() Delete

DUNCAN, CLAIRE-NITE M

LEHIGH ACRES, FL 33936 US

714 FILLMORE AVE

(X) Change () Addition

DUNCAN, CLAIRE-NITE M

LEHIGH ACRES, FL 33936 US

714 FILLMORE AVE