

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB -8 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000040886

1. Entity Name  
A-TRAIN MORTGAGE SERVICES, INC.



Principal Place of Business

7019 1ST AVE SOUTH  
#1  
ST PETERSBURG, FL 33710

Mailing Address

150 2ND AVENUE N., SUITE 1100  
ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0841360

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D ESQ.  
150 2ND AVE. N., SUITE 1100  
ST PETERSBURG, FL 33701

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

300088061813  
02/13/07--01001--011 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ALSTOTT, MIKE 7019 1ST AVE SOUTH, #1 ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARPER, SCOTT 4032 7T HAVE NORTH ST. PETE, FL 33713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-07