

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 037 ***150.00

DOCUMENT # P04000063609

1. Entity Name
A. MCCOMAS MORTGAGE INC.



Principal Place of Business
**937 HAMPTON CIR
NAPLES, FL 34105**

Mailing Address
**1761 45TH STREET SW
NAPLES, F; 34116**

50052564



2. Principal Place of Business

3. Mailing Address

937 Hampton Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State

City & State

Naples, FL

4. FEI Number
20-1006410

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

34105 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOMAS, ALICIA
937 HAMPTON CIR
NAPLES, FL 34105**

Name

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

City

FL

Zip Code

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 **Alicia McComas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ALICIA, MCCOMAS**
STREET ADDRESS **3385 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **P** ☒ Change ☐ Addition
NAME **Alicia McComas**
STREET ADDRESS **937 Hampton Cir.**
CITY-ST-ZIP **Naples, FL 34105**

TITLE **VP** ☐ Delete
NAME **ALICIA, MCCOMAS**
STREET ADDRESS **3385 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **VP** ☒ Change ☐ Addition
NAME **Alicia McComas**
STREET ADDRESS **937 Hampton Cir**
CITY-ST-ZIP **Naples, FL 34105**

TITLE **TREA** ☐ Delete
NAME **ALICIA, MCCOMAS**
STREET ADDRESS **3385 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **TREA** ☒ Change ☐ Addition
NAME **Alicia McComas**
STREET ADDRESS **937 Hampton Circle**
CITY-ST-ZIP **Naples, FL 34105**

TITLE **SEC** ☐ Delete
NAME **ALICIA, MCCOMAS**
STREET ADDRESS **3385 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **Sec** ☒ Change ☐ Addition
NAME **Alicia McComas**
STREET ADDRESS **937 Hampton Cir**
CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Alicia McComas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #