

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077015

FILED  
Jul 01, 2006  
Secretary of State

**Entity Name:** NORTH AMERICAN MORTGAGE SERVICES INCORPORATED

**Current Principal Place of Business:**

2068 W SUNRISE ST  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

2068 W SUNRISE ST  
LECANTO, FL 34461

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTOLI, MATTHEW  
2068 W SUNRISE ST  
LECANTO, FL 34461 US

**Name and Address of New Registered Agent:**

SANTOLI, HARRY  
2068 W SUNRISE ST  
LECANTO, FL 34461 US

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.

SIGNATURE: HARRY SANTOLI

07/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: SIMON, SUSAN  
Address: 2068 W SUNRISE ST  
City-St-Zip: LECANTO, FL 34461

Title: DP ( ) Delete  
Name: SANTOLI, MATTHEW  
Address: 2068 W SUNRISE ST  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: SANTOLI, HARRY  
Address: 2068 W SUNRISE ST  
City-St-Zip: LECANTO, FL 34461

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.

SIGNATURE: SUE SIMON

OD

07/01/2006

Electronic Signature of Signing Officer or Director

Date