

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032707

FILED
Apr 28, 2006
Secretary of State

Entity Name: VERITY MORTGAGE LENDING, INC.

Current Principal Place of Business:

4600 TOUCHTON ROAD
BUILDING 100, SUITE 150
JACKSONVILLE, FL 32246

Current Mailing Address:

4600 TOUCHTON ROAD
BUILDING 100, SUITE 150
JACKSONVILLE, FL 32246

New Principal Place of Business:

140 GATEWAY CIRCLE
SUITE 1
JACKSONVILLE, FL 32259

New Mailing Address:

140 GATEWAY CIRCLE
SUITE 1
JACKSONVILLE, FL 32259

FEI Number: 20-2432595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, ROBERT M
FORD, BOWLUS, DUSS, MORGAN, KENNEY, SAFER
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLLACK, STEVEN A
Address: 300 IVY LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: POLLACK, SAMANTHA H
Address: 300 IVY LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: WOODY, WILLIAM S IV
Address: 1187 EAGLE POINT DR
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: WOODY, MELISSA L
Address: 1187 EAGLE POINT DR
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: POLLACK, STEVEN A
Address: 300 IVY LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP (X) Change () Addition
Name: POLLACK, SAMANTHA H
Address: 300 IVY LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: PRES (X) Change () Addition
Name: WOODY, WILLIAM S IV
Address: 1187 EAGLE POINT DR
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP (X) Change () Addition
Name: WOODY, MELISSA L
Address: 1187 EAGLE POINT DR
City-St-Zip: ST. AUGUSTINE, FL 32092

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: STEVEN POLLACK

CEO

04/28/2006

Electronic Signature of Signing Officer or Director

Date