

**FILED**  
**Apr 18, 2007 08:00 A]**  
**Secretary of State**

1. Entity Name  
ASSIST 2 MORTGAGE, INC.



Mailing Address  
4806 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**



4. FEI Number 43-2097359	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

CLARK, ROBIN M  
4806 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

TITLE	PTS
NAME	CLARK, ROBIN M
STREET ADDRESS	4806 SAN JUAN AVENUE
CITY - ST - ZIP	JACKSONVILLE, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

4/12/07 904 704 8372