

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-04-2006 90205 043 ***150.00

DOCUMENT # P05000127942 1. Entity Name 3M MORTGAGE SERVICE, INC.					
Principal Place of Business 583 EAST MONTROSE STREE CLERMONT, FL 34711 US			Mailing Address POST OFFICE BOX 120763 CLERMONT, FL 34712 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">66018745</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 05012006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number 14-1938346 </div> <div> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent MOBLEY, MICHAEL A 583 EAST MONTROSE STREET CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MOBLEY, MICHAEL A POST OFFICE BOX 120763 CLERMONT, FL 34712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOBLEY, MARY E POST OFFICE BOX 120763 CLERMONT, FL 34712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MOBLEY, MICHAEL A POST OFFICE BOX 120763 CLERMONT, FL 34712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MOBLEY, MARY E POST OFFICE BOX 120763 CLERMONT, FL 34712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Michael A. Mobley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BONDING OFFICER OR DIRECTOR</small> </div> <div> <i>5/1/06</i> <small>Date</small> </div> <div> <i>352-255-8000</i> <small>Daytime Phone #</small> </div> </div>					