

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000131242

1. Entity Name  
C. CHRISTMAN MORTGAGES, INC.



Principal Place of Business  
1733 SOUTH RIDGEWOOD AVE., SUITE B  
SOUTH DAYTONA, FL 32119

Mailing Address  
1733 SOUTH RIDGEWOOD AVE., SUITE B  
SOUTH DAYTONA, FL 32119

2. Principal Place of Business  
1733 S. RIDGEWOOD  
Suite, Apt. #, etc.

3. Mailing Address  
SAME AS ABOVE  
Suite, Apt. #, etc.

City & State  
SOUTH DAYTONA

City & State

Zip 32119 Country VOLUSIA

Zip Country

6. Name and Address of Current Registered Agent

CHRISTMAN, CHARLES J  
1733 SOUTH RIDGEWOOD AVE., SUITE B  
SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent

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

*Charles J. Christman*

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

(NOTE: Registered Agent signature required when remitting)

*6/7/06*

DATE

FILE NOW!!! -FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
OFFICER	CHRISTMAN, CHARLES J	1733 SOUTH RIDGEWOOD AVE., SUITE B	SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete
OFFICER				<input type="checkbox"/> Delete
OFFICER				<input type="checkbox"/> Delete
OFFICER				<input type="checkbox"/> Delete
OFFICER				<input type="checkbox"/> Delete
OFFICER				<input type="checkbox"/> Delete
OFFICER				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

*Charles J. Christman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/06*

Date Daytime Phone #

FILED  
Jun 13, 2006 8:00 am  
Secretary of State

05-02-2006 90167 026 \*\*\*150.00

66018684



04242006 Chg-P CR2E034 (11/05)