

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P05000131242</b>																																																																																																																																									
<b>1. Entity Name</b> C. CHRISTMAN MORTGAGES, INC.																																																																																																																																									
<b>Principal Place of Business</b> 1733 SOUTH RIDGEWOOD AVE., SUITE B SOUTH DAYTONA, FL 32119		<b>Mailing Address</b> 1733 SOUTH RIDGEWOOD AVE., SUITE B SOUTH DAYTONA, FL 32119																																																																																																																																							
<b>2. Principal Place of Business</b> 1733 S. RIDGEWOOD		<b>3. Mailing Address</b> SAME AS ABOVE																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
<b>City &amp; State</b> South DAYTONA		<b>City &amp; State</b>																																																																																																																																							
<b>Zip</b> 32119		<b>Country</b> POLAND																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b> CHRISTMAN, CHARLES J 1733 SOUTH RIDGEWOOD AVE., SUITE B SOUTH DAYTONA, FL 32119		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																							
<b>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.</b> SIGNATURE:  DATE: 6/7/06 <small>Signature, typed or printed name of registered agent (not to be used if applicable) (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																																									
<b>FILE NOW!! - FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																							
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<b>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.</b> SIGNATURE:  DATE: 4/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																									

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4. FEI Number 42-1680022 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

DATE

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #