

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90029 023 ***150.00

DOCUMENT # P05000131242	
1. Entity Name C. CHRISTMAN & ASSOCIATES MORTGAGES, INC.	

Principal Place of Business 1733 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119	Mailing Address 1733 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119
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60018654



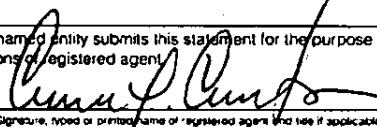
2. Principal Place of Business - No P.O. Box # 595 N. NOVA RD	3. Mailing Address 595 N. NOVA RD
Suite, Apt. #, etc. #209	Suite, Apt. #, etc. #209
City & State ORMOND BEACH FL.	City & State ORMOND BEACH FL.
Zip 32174	Country USA

01102007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1680022	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTMAN, CHARLES J 595 N. NOVA RD., #209 ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

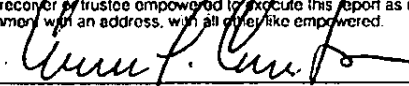
SIGNATURE:  DATE: **1/30/07**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTMAN, CHARLES J 1733 SOUTH RIDGEWOOD AVE., SUITE B SOUTH DAYTONA, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES J. CHRISTMAN 595 N. NOVA RD #209 ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 reconor 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:  DATE: **1/30/07** 386-760-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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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: 1/30/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
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SIGNATURE:			1/30/07 386-760-6710 Signature and typed or printed name of signing officer or director Date Telephone		