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

60018654

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
595 N. Nova Rd		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	Zip: 32174	Country: USA

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

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 [signature] 1/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHRISTMAN, CHARLES J		NAME		
STREET ADDRESS	1733 SOUTH RIDGEWOOD AVE., SUITE B		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Charles J. Christman		NAME		
STREET ADDRESS	595 N. Nova Rd #209		STREET ADDRESS		
CITY-ST-ZIP	Ormond Beach, FL. 32174		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 1/30/07 386-760-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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[redacted]

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