

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085944

FILED
Feb 18, 2010
Secretary of State

Entity Name: NATIONAL LOSS MITIGATION AND PROPERTY MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1140 LEE BLVD., SUITE 102
LEHIGH ACRES, FL 33936

New Principal Place of Business:

1140 LEE BLVD.,
SUITE 102
LEHIGH ACRES, FL 33936

Current Mailing Address:

1140 LEE BLVD., SUITE 102
LEHIGH ACRES, FL 33936

New Mailing Address:

P.O. BOX 69
LEHIGH ACRES, FL 33970

FEI Number: 26-0622225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REEVE, DAVID W PRES.
1140 LEE BLVD.
SUITE 102
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: REEVE, DAVID W PRES.
Address: 1140 LEE BLVD. SUITE 102
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP
Name: REEVE, LUISA L VP
Address: 1140 LEE BLVD. SUITE 102
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID W REEVE

PRES

02/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date