

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90027 006 ***158.75

DOCUMENT # P93000087660

1. Entity Name

AAALLSAFE MORTGAGE CORPORATION



Principal Place of Business

1227 DEL PRADO BLVD
STE 201
CAPE CORAL FL 33900

Mailing Address

1227 DEL PRADO BLVD
STE 201
CAPE CORAL FL 33900

2. Principal Place of Business - No P.O. Box #

11495 RANCHETTE RD

Suite, Apt. #, etc.

3. Mailing Address

11495 RANCHETTE RD

Suite, Apt. #, etc.

City & State

FT MYERS FL

Zip
33966

Country
US

City & State

FT MYERS FL

Zip
33966

Country
US

4. FEI Number

65-0453465

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEARS, MERWIN P
11495 RANCHETTE RD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33966

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

Merwin P. Spears

(NOTE: Registered Agent signature required when reinstating)

3-26-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
P
SPEARS, MERWIN P
11495 RANCHETTE RD
FORT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SAGE, DOUGLAS A
1717 NE 3RD AVE.
CAPE CORAL FL 33909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
33966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly empowered.

SIGNATURE:

Merwin P. Spears

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08

DATE

239-560-4286

DAYTIME PHONE #