


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90836 022 ***150.00

DOCUMENT # P94000021090	
1. Entity Name AMC, A MORTGAGE COMPANY OF N.E. FLORIDA, INC.	

40092933



Principal Place of Business 4040 SUNBEAM RD SUITE 4 JACKSONVILLE, FL 32257 US	Mailing Address 4040 SUNBEAM RD SUITE 4 JACKSONVILLE, FL 32257 US
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2. Principal Place of Business - No P.O. Box # 784 Crestwood Dr	3. Mailing Address 784 Crestwood Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32086	Zip 32086
Country US	Country US

4. FEI Number 59-3232617	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, THOMAS M 4040 SUNBEAM ROAD SUITE 4 JACKSONVILLE, FL 32257	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 784 Crestwood Drive City St. Augustine FL Zip Code 32086	
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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 _____ (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. <input type="checkbox"/> \$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	DPT WHITE, THOMAS M 4040 SUNBEAM ROAD, SUITE 4 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT White, Thomas M 784 Crestwood Dr. St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS WHITE, ELLEN 4040 SUNBEAM ROAD, SUITE 4 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS White, Ellen 784 Crestwood Dr. St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  4/26/07 904-794-9201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #