## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000036335

Entity Name: A.L.S. MORTGAGE COMPANY

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8819 RIVERLACHEN WAY 6152 DELANCEY STATION STREET

RIVERVIEW, FL 33569 SUITE 205

RIVERVIEW, FL 33569

**Current Mailing Address: New Mailing Address:** 

8819 RIVERLACHEN WAY 6152 DELANCEY STATION STREET

RIVERVIEW, FL 33569 US SUITE 205

RIVERVIEW, FL 33569 US

FEI Number: 59-3381327 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ROGERS, LAURIE M LASMAN, JEFFREY M 8819 RIVÉRLACHEN WAY 6152 DELANCEY STATION STREET

RIVERVIEW, FL 33569 SUITE 205 RIVERVIEW, FL 33569 US

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: JEFFREY M. LASMAN 05/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition TURNER, LAURIE M TURNER, LAURIE M Name: Name:

8819 RIVERLACHEN WAY Address: 8819 RIVERLACHEN WAY Address: City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: RIVERVIEW, FL 33569 US

Title: () Delete Title: VP S ( ) Change (X) Addition

LASMAN, JEFFREY M Name: Name:

6152 DELANCEY STATION STREET Address: Address:

RIVERVIEW, FL 33569 US City-St-Zip: City-St-Zip:

Title: Title: () Delete VP T ( ) Change (X) Addition

Name: ATKINS, WILLIAM R Name:

6152 DELANCEY STATION STREET Address Address:

City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

VΡ SIGNATURE: JEFFREY M LASMAN 05/01/2007