

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000060843**

1. Entity Name

A-1 COAST MORTGAGE COMPANY



Principal Place of Business

3127 W HALLANDALE BEACH BLVD, STE 102  
HALLANDALE FL 33009

Mailing Address

3127 W HALLANDALE BEACH BLVD, STE 102  
HALLANDALE FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0847572

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCK, SONDR  
3127 W HALLANDALE BEACH BLVD, STE 102  
HALLANDALE FL 33009

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 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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | P                                     | <input type="checkbox"/> Delete |
| NAME           | ROCK, SONDR                           |                                 |
| STREET ADDRESS | 3127 W HALLANDALE BEACH BLVD, STE 102 |                                 |
| CITY- ST- ZIP  | HALLANDALE FL 33009                   |                                 |
| TITLE          | V                                     | <input type="checkbox"/> Delete |
| NAME           | PRIGMORE, SHARON                      |                                 |
| STREET ADDRESS | 3127 W HALLANDALE BEACH BLVD, STE 102 |                                 |
| CITY- ST- ZIP  | HALLANDALE FL 33009                   |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY- ST- ZIP  |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY- ST- ZIP  |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY- ST- ZIP  |                                       |                                 |

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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02/07/06-80097-007 150.00

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 an other like empowered

**SIGNATURE:** *Sharon Prigmore* Sharon Prigmore - Vice President 1/24/06