

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90309 005 ***150.00

DOCUMENT # P99000097278

1. Entity Name

EVERYONE'S MORTGAGE CORPORATION



Principal Place of Business

**6251 NW 199 LANE
HIALEAH FL 33015**

Mailing Address

**6251 NW 199 LANE
HIALEAH FL 33015**



2. Principal Place of Business

6251 NW 199 Lane

3. Mailing Address

6251 NW 199 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

miami FL

City & State

miami FL

4. FEI Number

52-2208171

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DISHAW, DALE F
6251 NW 199 LANE
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **DALE F. Dishaw**

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

6251 NW 199 Lane

City

miami

FL

Zip Code

33015

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]

DALE F. Dishaw, PRESIDENT

4-3-06

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when constituting)

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

TITLE **PS** ☐ Delete
NAME **DISHAW, DALE F**
STREET ADDRESS **6251 NW 199 LANE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

[Signature]

DALE F. Dishaw

4-3-06 305-793-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #