

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # S98978

1. Entity Name
AMERICAN MORTGAGE CORPORATION



Principal Place of Business
**7430 138TH STREET NORTH
SEMINOLE, FL 34646**

Mailing Address
**PO BOX 7185
SEMINOLE, FL 33775 US**



01042007 No Chq-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLS, RANDOLPH H.
7430 138TH STREET NORTH
SEMINOLE, FL 34646**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTP-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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MILLS, RANDOLPH H.**
STREET ADDRESS **7430 138TH STREET NORTH**
CITY-ST-ZIP **SEMINOLE, FL**

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IN THIS SPACE**

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 furnished is true and correct to the best of my knowledge and belief, and that my signature is that of the person legally authorized to make this statement on behalf 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:

R Mills **R Mills**

4-17-07 727-895-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #