

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90113 040 ***150.00

DOCUMENT # V67771

1. Entity Name

RAMSEY & ASSOCIATES MORTGAGE COMPANY



Principal Place of Business

200 FOREST LAKE BLVD.
STE 5
DAYTONA BEACH FL 32119
US

Mailing Address

200 FOREST LAKE BLVD.
STE 5
DAYTONA BEACH FL 32119
US



2. Principal Place of Business - No P.O. Box #

200 Forest Lake Blvd

3. Mailing Address

200 Forest Lake Blvd

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

1st MOORE

CR2E034 (10/07)

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

59-3140692

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

32119

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAMSEY, MICHAEL H.
47 BEACH ST.
PONCE INLET FL 32127**

7. Name and Address of New Registered Agent

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 state the corporation

Michael H. Ramsey

(NOTE: Registered Agent signature required when reinstating)

4/7/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
RAMSEY, MICHAEL H
200 FOREST LAKE BLVD., STE 5
DAYTONA BEACH FL 32119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
ste 2

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Ramsey

4/7/08

Date

Business Phone #