

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90067 001 \*\*\*317.50

**66001387**



DOCUMENT # J00368				
1. Entity Name MORTGAGE CONTRACTING SERVICES, INC.				
Principal Place of Business 1501 S. CHURCH STREET SUITE #201 TAMPA, FL 33629 US		Mailing Address 1501 S. CHURCH STREET SUITE #201 TAMPA, FL 33629 US		
2. Principal Place of Business <i>1501 S Church Ave</i>		3. Mailing Address <i>1501 S Church Ave</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <i>TAMPA, FL</i>		City & State <i>TAMPA, FL</i>		4. FEI Number 59-2658123
Zip <i>33629</i>	Country <i>USA</i>	Zip <i>33629</i>	Country <i>USA</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
-6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
WOODWARD, ANTHONY C ESQ 2024 W CLEVELAND ST TAMPA, FL 33605		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D	NAME LOSICALZO, MIRIAM	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1501 S CHURCH ST STE 201	CITY-ST-ZIP TAMPA, FL 33629		NAME <i>Loscalzo, MIRIAM</i>	STREET ADDRESS <i>1501 S Church Ave</i>
			CITY-ST-ZIP <i>TAMPA, FL 33629</i>	
TITLE P	NAME LOSICALZO, FRANK JR.	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1501 S. CHURCH ST. STE. 201	CITY-ST-ZIP TAMPA, FL 33629		NAME <i>Loscalzo, FRANK JR.</i>	STREET ADDRESS <i>1501 S Church Ave</i>
			CITY-ST-ZIP <i>TAMPA FL 33629</i>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS
			CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS
			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 sole proprietor or partner, as applicable, of the entity filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or if not attaching will be added to the list of officers and directors as provided.				
SIGNATURE: <i>Frank Loscalzo Jr</i>		FRANK LOSCALZO, JR President 1/31/05 813-874-2177		
ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		