

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143099

Entity Name: MORTGAGE SPECIALTIES, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

4630 LIPSCOMB ST. NE
SUITE 21
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

4630 LIPSCOMB ST. NE
SUITE 21
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 41-2154570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, RICHARD L ESQ.
1517 20TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEARNSHAW, CHARLES
Address: 4630 LIPSCOMB ST. NE
City-St-Zip: PALM BAY, FL 32905

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HEARNSHAW, CHARLES E JR
Address: 4630 LIPSCOMB ST. NE
City-St-Zip: PALM BAY, FL 32905

Title: VSD () Change (X) Addition
Name: HEARNSHAW, JEAN M
Address: 4630 LIPSCOMB ST. NE
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. HEARNSHAW

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date