

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90195 016 ***150.00

DOCUMENT # K58056

1. Entity Name
MORTGAGE REDUCTION SYSTEM EQUITYCORP.



Principal Place of Business
**1612 E CAPE CORAL PKWY
CAPE CORAL, FL 33904 US**

Mailing Address
**1612 E CAPE CORAL PKWY
CAPE CORAL, FL 33904 US**

40066890



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0101471

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CODE, MARIE
1612 CAPE CORAL PKWY
CAPE CORAL, FL 33904**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KANE, JOHN
STREET ADDRESS	1612 E. CAPE CORAL PARKWAY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VPD
NAME	WHITNEY, RUSSELL
STREET ADDRESS	1612 E. CAPE CORAL PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	STD
NAME	SIMON, RONALD S
STREET ADDRESS	1612 E. CAPE CORAL PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 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

4/20/06
Date

239-542-0643
Daytime Phone #