

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000067091

**Entity Name:** THE MORTGAGE DOCTOR'S INC

**Current Principal Place of Business:**

11290 SW 21 ST  
MIRAMAR, FL 33025

**Current Mailing Address:**

11290 SW 21 ST  
MIRAMAR, FL 33025

**FEI Number: 36-4844549**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JONES, JEFFREY J  
11290 SW 21 ST  
MIRAMAR, FL 33025 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            JONES, DEBORAH  
Address        11290 SW 21 ST  
City-State-Zip: MIRAMAR FL 33025

Title            VP  
Name            JONES, JEFFREY J  
Address        11290 SW 21 ST  
City-State-Zip: MIRAMAR FL 33025

Title            TREASURER  
Name            HILL, LYNETTE  
Address        3806 SW 52ND AVE  
City-State-Zip: PEMBROKE PARK FL 33023

I hereby 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 all other like empowered.

**SIGNATURE: DEBORAH JONES**

**PRESIDENT**

**02/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date