

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90011 043 \*\*\*150.00

DOCUMENT # F01000005818

1. Entity Name

THE MORTGAGE GROUP & INVESTMENTS CO., INC.



Principal Place of Business

244 CULLMAN AVE  
SEA GROVE BEACH FL 32459

Mailing Address

10945 STATE BRIDGE RD STE 401  
ALPHARETTA GA 30022

2. Principal Place of Business

3. Mailing Address

244 Cullman Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seagrave Beach, FL

Zip

Country

Zip

Country

32459

USA

66403574



MOORE

CR2E034 (11/03)

4. FEI Number

58-2134700

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENSON, CRAIG S  
C/O WOFFORD AND ASSOC  
244 CULLMAN AVE  
SEA GROVE BEACH FL 32459

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES.  
NAME BENSON, CRAIG S  
STREET ADDRESS 10945 STATE BRIDGE RD SUITE 401  
CITY-ST-ZIP ALPHARETTA GA 30022

TITLE Pres  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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

Date

Daytime Phone #

2/23/04 770-842-1789