

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90023 047 ***550.00

DOCUMENT # F03000001513

1. Entity Name
METAMERICA MORTGAGE BANKERS, INC.



Principal Place of Business
250 INTERNATIONAL PARKWAY
134
LAKE MARY, FL 32746

Mailing Address
5151 BONNEY ROAD
SUITE 107
VIRGINIA BEACH, VA 23462

401260004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

250 International Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 134

City & State

City & State
Lake Mary FL

Zip

Country

Zip
32746

Country
Seminole

07062007

Chg-P

CR2E034 (12/06)

4. FEI Number
54-1761455

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLAALIEN, ROGER D
3493 ROCKCLIFF PLACE
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

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 \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
SLAALIEN, ROGER
250 INTERNATIONAL PARKWAY, SUITE 134
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
SLAALIEN, NOREEN K
250 INTERNATIONAL PARKWAY, SUITE 134
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 TITLE OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

NOREEN

SLAALIEN

07/13/07 407 331 6624