


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90268 009 ***158.75

DOCUMENT # F03000002033	
1. Entity Name MORTGAGE BANKING CONSULTING SERVICES, INC.	

Principal Place of Business 4020 WEST KENNEDY BLVD., SUITE 103 TAMPA, FL 33609	Mailing Address 4020 WEST KENNEDY BLVD., SUITE 103 TAMPA, FL 33609
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2. Principal Place of Business 324 N. Dale Mabry Hwy Suite 203 Tampa, FL	3. Mailing Address 324 N. Dale Mabry Hwy Suite 203 Tampa, FL 3
City & State Tampa, FL	City & State Tampa, FL 3
Zip 33609	Country USA



04272004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0677216		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PARKER, JOHN W III 4020 WEST KENNEDY BLVD., SUITE 103 TAMPA, FL 33609		
7. Name and Address of New Registered Agent Name JOHN W. PARKER III Street Address (P.O. Box Number is Not Acceptable) 324 N. Dale Mabry Hwy Suite 203 City Tampa FL Zip Code 33609		

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.

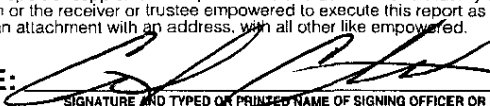
SIGNATURE  **JOHN W. PARKER III** DATE **28 April 2004**

Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLARK, CARL 4020 WEST KENNEDY BLVD., SUITE 103 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLARK, CARL 324 N. Dale Mabry Hwy Ste 203 Tampa 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **28 April 2004** 813-282-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #