

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90001 005 ***158.75

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1. Entity Name
GREAT LAKES MORTGAGE SERVICES CORPORATION



Principal Place of Business
**3204 WEST JEFFERSON AVENUE
TRENTON, MI 48183**

Mailing Address
**7888 LAKESHORE DRIVE
MEWPORT, MI 48166**

34004030



2. Principal Place of Business
2242 W. Jefferson Ave.

3. Mailing Address
2242 W. Jefferson Ave.

05042004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
Trenton, MI

City & State
Trenton, MI

4. FEI Number
38-3540213

Applied For
Not Applicable

Zip
48183

Country
USA

Zip
48183

Country
USA

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

**WILLIAMS, TIMOTHY M
6460 WEST GULF TO LAKE HWY., STE. 1
CRYSTAL RIVER, FL 34429**

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 **Timothy M. Williams**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
WILLIAMS, TIMOTHY M
7888 LAKESHORE DRIVE
NEWPORT, MI 48166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Timothy M. Williams
19926 Meridian
Grosse Ile, MI 48138**

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)(l), 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: **Timothy M. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-04

Date

734-362-8080

Daytime Phone #