

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003094

1. Entity Name
MCS MORTGAGE BANKERS, INC.



Principal Place of Business

646 ROUTE 112
PATCHOGUE, NY 11772

Mailing Address

646 ROUTE 112
PATCHOGUE, NY 11772



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3920207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STONE, MARC
STREET ADDRESS	646 ROUTE 112
CITY-ST-ZIP	PATCHOGUE, NY 11772
TITLE	VP
NAME	READE, VINCENT J
STREET ADDRESS	646 ROUTE 112
CITY-ST-ZIP	PATCHOGUE, NY 11772
TITLE	S
NAME	COHEN, BARBARA
STREET ADDRESS	646 ROUTE 112
CITY-ST-ZIP	PATCHOGUE, NY 11772
TITLE	T
NAME	SULLIVAN, JEAN
STREET ADDRESS	646 ROUTE 112
CITY-ST-ZIP	PATCHOGUE, NY 11772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11000000264056

03/15/05-80014-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

3/8/05 (631) 475-9800