

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # F06000007827

1. Entity Name  
METFUND MORTGAGE SERVICES CORPORATION



Principal Place of Business  
4505 WETHERILL ROAD  
BETHESDA, MD 20816

Mailing Address  
4505 WETHERILL ROAD  
BETHESDA, MD 20816



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
52-1947607

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, SCOTT E SQ.  
ARD, SHIRLEY & HARTMAN, P.A.  
207 WEST PARK AVENUE, SUITE B  
TALLAHASSEE, FL 32302-1874

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1111000647139  
03/06/07-80060-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, BARBARA ANN
STREET ADDRESS	4505 WETHERILL ROAD
CITY-ST-ZIP	BETHESDA, MD 20816
TITLE	ST
NAME	KELLY, BARBARA ANN
STREET ADDRESS	4505 WETHERILL ROAD
CITY-ST-ZIP	BETHESDA, MD 20816
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AN, V.P. GREGORY B. MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07 (30) 320-2666

Date

Daytime Phone #