

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 A
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**



02012008 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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000818891
02/14/08-80061-007 158.75**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X BULL, PRES. BARBARA ANN KELLY, PRES. /-31-08 301/320-2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #