## 2005 FOR PROFIT CORPORATION

## Jan 05, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # PQ0000069434** 1. Entity Name MORTGAGE WRITERS, INC. Principal Place of Business Mailing Address 3530 FIRST AVENUE NORTH 3530 FIRST AVENUE NORTH SUITE 105 SUITE 105 SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713 01032005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3660923 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CULBRETH, MICHAEL DO NOT WRITE 5230 11TH AVE S GULFPORT, FL 33707 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CULBRETH, MICHAEL T 5230 11TH AVENUE SOUTH STREET ADDRESS GULFPORT, FL 33707 CITY-ST-ZIP U00000172773 01/06/05-80009-021 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

**FILED**