

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90062 018 \*\*\*150.00

40045555



03222005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000007940					
1. Entity Name MORTGAGE RESOURCE SOLUTION, INC.					
Principal Place of Business <del>6609 RIDGE ROAD</del> 1 PORT RICHEY, FL 34668			Mailing Address <del>18133 THOMAS BOULEVARD</del> <del>HUDSON, FL 34667</del> New Address ↓		
2. Principal Place of Business 10489 Heley St Suite, Apt. #, etc.		3. Mailing Address 15011 Jaly Road Suite, Apt. #, etc.			
City & State Spring Hill, FL Zip 34608 Country Hernando		City & State Brooksville, FL Zip 34601 Country Hernando		4. FEI Number 65-1072682 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVIS, MARI J 18133 THOMAS BOULEVARD HUDSON, FL 34667 15011 Jaly Rd Brooksville, FL 34601			7. Name and Address of New Registered Agent 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: <i>M. Davis</i> DATE: 3/30/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARI J 18133 THOMAS BOULEVARD HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARI J DAVIS 15011 Jaly Road Brooksville, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: <i>M. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/30/05 Daytime Phone: 352-799-9495		

New Address →