

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000012663

1. Entity Name
GA MORTGAGE SERVICES INC.



Principal Place of Business
3390 MYSTIC RIVER DR
NAPLES, FL 34120

Mailing Address
3390 MYSTIC RIVER DR
NAPLES, FL 34120



04222005 No Chg-P CR2E034 (10/03)

4. F-EI Number: 59-3698003 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

MOORE, GERALDINE L
3390 MYSTIC RIVER DR
NAPLES, FL 34120

**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.

(NOT: 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 PT
NAME MOORE, GERALDINE L
STREET ADDRESS 3390 MYSTIC RIVER DR
CITY-ST-ZIP NAPLES, FL 34120

TITLE VS
NAME MOORE, ALSTORK E
STREET ADDRESS 3390 MYSTIC RIVER DR
CITY-ST-ZIP NAPLES, FL 34120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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04/27/05-80162-008 158.75

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: Geraldine L. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 239-352-6288
Date Daytime Phone #