

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000008887

1. Entity Name
MORTGAGE IN MINUTES, INC.



Principal Place of Business
19321 US 19 N.
C-500
CLEARWATER, FL 33764

Mailing Address
19321 US 19 N.
C-500
CLEARWATER, FL 33764



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0463070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> 1	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORVAZNIK, PAUL J
6960 12 AVE N.
ST. PETERSBURG, FL 33710

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORVAZNIK, PAUL J
STREET ADDRESS	6960 12 AVE. N.
CITY-ST-ZIP	ST PETERSBURG, FL 33710

TITLE	
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000000784061
01/16/08-80041-010 158.75

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

1-2-08 727-210-0808