

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90021 006 ***150.00

DOCUMENT # P02000014326

1. Entity Name

AMR PROPERTIES & MORTGAGE SERVICES, INC.



Principal Place of Business

1277 N. SEMOVAN BLVD.
SUITE 108
ORLANDO FL 32807

Mailing Address

1277 N. SEMOVAN BLVD.
SUITE 108
ORLANDO FL 32807

2. Principal Place of Business - No P.O. Box #

300 S Solandra Dr

Suite, Apt. #, etc.

3. Mailing Address

300 S Solandra Dr

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Orlando, Florida

Zip

32807

Country

ORANGE

City & State

Orlando, Florida

Zip

32807

Country

ORANGE

4. FEI Number

75-2994843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERCADO, ALICIA
1277 N SEMORAN BLVD
SUITE 108
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Alicia Mercado

Street Address (P.O. Box Number is Not Acceptable)

300 S. Solandra Dr

City

Orlando

FL

Zip Code

32807

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

Alicia Mercado

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

3/25/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MERCADO, ALICIA
1277 N SEMORAN BLVD SUITE 108
ORLANDO FL 32807

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Alicia Mercado
300 S. Solandra Dr
Orlando, FL 32807

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Alicia Mercado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

DATE

407-447-1052

Display Phone #