

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FI

**Aug 30, 20
Secreta**

DOCUMENT # P02000050606

1. Entity Name
A-1 MORTGAGE PROFESSIONALS, INC.



Principal Place of Business
**707 PINETREE DR.
INDIAN HARBOUR BCH, FL 32937**

Mailing Address
**707 PINETREE DR.
INDIAN HARBOUR BCH, FL 32937**



08262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number 33-1004368	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCMURROUGH, MICHAEL J
707 PINETREE DR.
INDIAN HARBOUR BCH, FL 32937**

**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. **NO CHANGES**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCMURROUGH, MICHAEL J
STREET ADDRESS	546 BISCAYNE DR.
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937

TITLE	D
NAME	MCMURROUGH, DARINA J
STREET ADDRESS	546 BISCAYNE DR.
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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08/30/04-80001-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DARINA MCMURROUGH, V.P. Secretary 8/25/04 321-777-0684