

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90225 019 ***150.00

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

00002332



DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
33-1004368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

*** NEW ADDRESS**
1253 HWY A-1-A SATELLITE 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.

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
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 **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

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

4-28-05