

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90198 049 ***158.75

DOCUMENT # P02000115146

1. Entity Name
MORTGAGE BANKERS ACADEMY, INC.



Principal Place of Business
220 LOOKOUT PL #150
MAITLAND, FL 32751

Mailing Address
220 LOOKOUT PL #150
MAITLAND, FL 32751

2. Principal Place of Business
5840 Red Bug Lake Road

3. Mailing Address
5840 Red Bug Lake Road

Suite, Apt. #, etc.
#345

Suite, Apt. #, etc.
#345

04132004 Chg-P CR2E034 (10/03)

City & State
Winter Springs, Fl.

City & State
Winter Springs, Fl.

Zip
32708

Country
USA

Zip
32708

Country
USA

4. FEI Number
02-0650212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUAID, RICHARD
220 LOOKOUT PL #150
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name
Richard A. Quaid
Street Address (P.O. Box Number is Not Acceptable)
5840 Red Bug Lake Road
#345
City
Winter Springs, **FL** **Zip Code**
32708

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
DPVS ☐ Delete
NAME
QUAID, RICHARD
STREET ADDRESS
220 LOOKOUT PL #150
CITY-ST-ZIP
MAITLAND, FL 32751

TITLE
T ☐ Delete
NAME
QUAID, RICHARD
STREET ADDRESS
220 LOOKOUT PL #150
CITY-ST-ZIP
MAITLAND, FL 32751

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4-16-2004 407/825-1955