


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90065 012 ***150.00

DOCUMENT # P02000133025		
1. Entity Name SAGE MORTGAGE SERVICES INC.		

Principal Place of Business 4515 CURRY FORD ROAD ORLANDO, FL 32812	Mailing Address 4515 CURRY FORD ROAD ORLANDO, FL 32812
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50003089



2. Principal Place of Business 2316 WINTER WOODS BLVD. Suite, Apt. #, etc.	3. Mailing Address 2316 WINTER WOODS BLVD. Suite, Apt. #, etc.
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01142005 Chg-P CR2E034 (10/03)

City & State WINTER PARK, FLORIDA	City & State WINTER PARK, FLORIDA
Zip 32792	Zip 32792
Country U.S.A.	Country U.S.A.

4. FEI Number 61-1438235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAEFFLER, RYAN A 1331 JULIO LANE ORLANDO, FL 32807	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFFLER, RYAN A 1331 JULIO LANE ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ryan A. Schaeffler **RYAN A. SCHAEFFLER** **1-15-05 407-929-9939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #