


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90153 002 ***150.00

DOCUMENT # P03000018865 1. Entity Name COMMERCIAL MORTGAGE SOLUTIONS, INC.					
Principal Place of Business ALOMA AVE 3001 STE 101 WINTER PARK, FL 32792			Mailing Address 3001 AKINA AVE STE 1091 WINTER PARK, FL 32792		
2. Principal Place of Business		3. Mailing Address 3001 ALOMA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE. 101			
City & State		City & State			
Zip		Country		4. FEI Number 41-2081768	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BANGE, HANS B 3001 ALOMA AVE STE 1091 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 3001 ALOMA AVE STE. 101 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCCLARY, MIKE 3001 AKINA AVE STE 1091 WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 ALOMA AVE. STE 101	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BANGE, HANS B 3001 AKINA AVE STE 1091 WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 ALOMA AVE. STE. 101	
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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	
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: <i>Hans Bange</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-8-05 4076570029 <small>Date Daytime Phone #</small>		

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