


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90401 001 ***150.00

DOCUMENT # P03000131137	
1. Entity Name ADVANCED MORTGAGE SERVICES, INC.	

Principal Place of Business 2701 W BUSCH BLVD, STE 210 TAMPA FL 33618	Mailing Address 2701 W BUSCH BLVD, STE 210 TAMPA FL 33618
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country	City & State Zip Country

6. Name and Address of Current Registered Agent TESTA, MARK A 2701 W BUSCH BLVD, STE 210 TAMPA FL 33618	
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4. FEI Number 20-0525829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Mark A. Testa</i> Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when resigning)	DATE 4-15-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	DPST TESTA, MARK A 2701 W BUSCH BLVD, STE 210 TAMPA FL 33618 <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: <i>Mark A. Testa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/15/04 DAYTIME PHONE # 813-240-1069