

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

8. **FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90003 002 \*\*\*163.75

<b>DOCUMENT # P04000070982</b> 1. Entity Name <b>MORTGAGE CONSULTANTS AND INVESTMENTS, INC.</b>					
Principal Place of Business <b>401 NW 39TH ROAD APT D GAINESVILLE, FL 32607</b>		Mailing Address <b>401 NW 39TH ROAD APT D GAINESVILLE, FL 32607</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>66027283</b> 	
City & State		City & State		4. FEI Number <b>02-0721584</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOZAKOFF, STEPHEN K 401 NW 39TH ROAD APT D GAINESVILLE, FL 32607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <u>Stephen Kozakoff</u> <b>PRESIDENT</b> <span style="float: right;">8-11-05</span> <small>Signature, typed or printed name of registered agent and vice versa, if applicable. (NOTE: Registered Agent signature required when this table.)</small>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOZAKOFF, SHIRLEY 401 NW 39TH ROAD APT D GAINESVILLE, FL 32607	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u>Shirley Kozakoff</u> <b>SHIRLEY KOZAKOFF</b> <span style="float: right;">8/11/05 352-379-7981</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>					

ATTACHMENT

704000070982

66027283

8-11-05

To Whom it may Concern,

I called your office about the Annual Report form As I did not receive any notice about it until early summer. I never got any notice earlier in this year. And I went in for surgery + Recovered during May, June + July.

I would have sent in when I got this post card but was ill.

We just started the business in 2004 + never received notice earlier this year.

Your people said to send in the original amount + Request an exception.

Please -

Thank you

Shirley Kozliff



ATTACHMENT

66027283

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 29, 2005

MORTGAGE CONSULTANTS AND INVESTMENTS, INC.  
401 NW 39TH ROAD APT D  
GAINESVILLE, FL 32607

*Sorry about  
the error  
JH*

Subject: **MORTGAGE CONSULTANTS AND INVESTMENTS, INC.**

Reference Number: **P04000070982**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$163.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION