

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90041 006 ***158.75

DOCUMENT # P04000070982

1. Entity Name
MORTGAGE CONSULTANTS AND INVESTMENTS, INC.



Principal Place of Business
**401 NW 39TH ROAD APT D
GAINESVILLE, FL 32607**

Mailing Address
**401 NW 39TH ROAD APT D
GAINESVILLE, FL 32607**



09052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0721584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOZAKOFF, STEPHEN K
401 NW 39TH ROAD APT D
GAINESVILLE, FL 32607**

**DO NOT WRITE
IN THIS SPACE**

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 *Stephen Kozakoff* **STEPHEN KOZAKOFF PRES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/1/06
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOZAKOFF, SHIRLEY 401 NW 39TH ROAD APT D GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Shirley Kozakoff* **CEO-SHIRLEY KOZAKOFF** 9/1/06 352-375-0872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To Whom it may concern,

ATTACHMENT

40103245

#P04000070982

We did not receive the original form.
We need to change our principal place
of business and mailing address, that
should solve the problem.

Someone helped us get this form off
the internet but there is no place for
changing the address.

Please change our address for place of
business and mailing to:

4131 N.W. 13th St. Suite 104
Gainesville, Fl. 32609

Thank you,
Shirley Kozakoff