

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000094469

1. Entity Name
MARKET STREET MORTGAGE CORPORATION



Principal Place of Business
**2650 MCCORMICK DRIVE
SUITE 200
CLEARWATER, FL 33759**

Mailing Address
**2650 MCCORMICK DRIVE
SUITE 200
CLEARWATER, FL 33759**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3151342	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STUBBS, SALLY
2650 MCCORMICK DRIVE
SUITE 200
CLEARWATER, FL 33759**

**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

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 ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PCEO JOHNSON, RANDALL C
STREET ADDRESS	2650 MCCORMICK DRIVE SUITE 200
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE NAME	EX-V SMITH, T. DONNELL
STREET ADDRESS	2650 MCCORMICK DRIVE SUITE 200
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE NAME	EX-V CHIOU, STEVEN H
STREET ADDRESS	2650 MCCORMICK DRIVE SUITE 200
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE NAME	V STUBBS, SALLY (Bartholmey)
STREET ADDRESS	2650 MCCORMICK DRIVE SUITE 200
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

Date

727-7247000

Daytime Phone #