

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 020 ***158.75

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1. Entity Name
MARKET STREET MORTGAGE CORPORATION



40010000

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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282008 Chg-P CR2E034 (12/06)

4. FEI Number

59-3151342

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, RANDALL C	
STREET ADDRESS	2650 MCCORMICK DRIVE SUITE 200	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, T. DONNELL	
STREET ADDRESS	2650 MCCORMICK DRIVE SUITE 200	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, DEREK R	
STREET ADDRESS	2650 MCCORMICK DRIVE SUITE 200	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel M. Bell	
STREET ADDRESS	1601 Bryan Street	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert C. Schoppe	
STREET ADDRESS	1601 Bryan Street	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	S/V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William J. Thomas III	
STREET ADDRESS	1601 Bryan Street	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor M. Robert	
STREET ADDRESS	1601 Bryan Street	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnnie E. Wells	
STREET ADDRESS	1601 Bryan Street	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Daniel M. Bell Daniel M. Bell, President 1/28/08 972-761-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #