

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90035 016 ***150.00

DOCUMENT # P04000097436

1. Entity Name

MORTGAGE XPRTS OF CENTRAL FLORIDA INC.



Principal Place of Business

3531 GRANDE TUSCANY WAY
NEW SMYRNA BEACH FL 32168

Mailing Address

3531 GRANDE TUSCANY WAY
NEW SMYRNA BEACH FL 32168



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

24312 Deep Springs Loop
Suite, Apt. #, etc.

3. Mailing Address

24312 Deep Springs Loop
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

EUSTIS, FL

City & State

EUSTIS, FL

4. FEI Number

05-0604859

Applied For

Not Applicable

Zip

32736

Country

USA

Zip

32736

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETTIGREW, DANIEL E
3531 GRANDE TUSCANY WAY
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name: Daniel E. Pettigrew
Street Address (P.O. Box Number is Not Acceptable):
24312 Deep Springs Loop
City: EUSTIS FL Zip Code: 32736

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	PETTIGREW, DANIEL	
STREET ADDRESS	3531 GRANDE TUSCANY WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PETTIGREW, SHAWAN L	
STREET ADDRESS	3531 GRANDE TUSCANY WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Pettigrew	
STREET ADDRESS	24312 Deep Springs Loop	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

3/20/08

386-227-2051