

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000104891

1. Entity Name

MATCHMAKER MORTGAGE INVESTORS, INC.



Principal Place of Business

**150 BELLEVIEW BLCD., #403
BELLEAIR FL 33756**

Mailing Address

**150 BELLEVIEW BLCD., #403
BELLEAIR FL 33756**



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

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

4. FEI Number

59-1338257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, ROBERT
150 BELLEVIEW BLCD., #403
BELLEAIR FL 33756**

Name

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

SAME

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 requires when filing this report)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOCHER, MARY**
STREET ADDRESS **1400 GULF BLVD, STE 701**
CITY- ST- ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY- ST- ZIP

TITLE **VPS** ☐ Delete
NAME **PORTER, ROBERT**
STREET ADDRESS **1400 GULF BLVD STE 701**
CITY- ST- ZIP **CLEARWATER BEACH FL 33767**

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/28/08

727 204 3005