

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118274

**FILED**  
**Feb 17, 2005**  
**Secretary of State**

**Entity Name:** A.S.A.P. MORTGAGE AND INVESTMENTS INC.

**Current Principal Place of Business:**

2303 WINDJAMMER WAY  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

1931 CASCADES COVE DR  
ORLANDO, FL 32820

**Current Mailing Address:**

2303 WINDJAMMER WAY  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

1931 CASCADES COVE DR  
ORLANDO, FL 32820

**FEI Number:** 20-1490468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, MICHAEL T  
2303 WINDJAMMER WAY  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

ROBERTS, MICHAEL T  
1931 CASCADES COVE DR  
ORLANDO, FL 32820 US

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.

**SIGNATURE:** MICHAEL T. ROBERTS

02/17/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** ROBERTS, WILLIAM S JR.  
**Address:** 2303 WINDJAMMER WAY  
**City-St-Zip:** WPB, FL 33411

**Title:** VP (X) Delete  
**Name:** ROBERTS, MICHAEL T  
**Address:** 2303 WINDJAMMER WAY  
**City-St-Zip:** WPB, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** ROBERTS, MICHAEL T  
**Address:** 1931 CASCADES COVE DR  
**City-St-Zip:** ORLANDO, FL 32820

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL T. ROBERTS

P

02/17/2005

Electronic Signature of Signing Officer or Director

Date