## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000094315

OCALA, FL 33472

City-St-Zip:

Entity Name: CENTER STATE MORTGAGE SERVICES, INC.

FILED Jan 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1515 EAST SILVER SPRINGS BLVD. 1515 EAST SILVER SPRINGS BLVD. SUITE 207 **SUITE 1183** OCALA, FL, FL 34470 OCALA, FL 34470 **Current Mailing Address: New Mailing Address:** 5941 SE 4TH PLACE OCALA, FL 34472 FEI Number: 20-3104041 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, LEE T 5941 SE 4TH PLACE OCALA, FL 34472 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHWARTZ, LEE T Name: Name: 5941 SE 4TH PLACE Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SCHWARTZ, NICOLE D Name: 5941 SE 4TH PLACE Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LEE T SCHWARTZ P 01/25/2007