

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90020 002 ***150.00

DOCUMENT # P05000154949

1. Entity Name
MID FLORIDA MORTGAGE PROFESSIONALS, INC.



Principal Place of Business
777 E. ALTAMONTE DR.
SUITE 201
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
777 E. ALTAMONTE DR.
SUITE 201
ALTAMONTE SPRINGS, FL 32701 US

2. Principal Place of Business
Suite, Apt. #, etc. **SUITE 204**
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. **SUITE 204**
City & State
Zip Country



06292006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3854378
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROBINSON, RAYCE
777 E. ALTAMONTE DR.
SUITE 201
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
SUITE 204
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 *Rayce Robinson*
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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, RAYCE	
STREET ADDRESS	777 E ALTAMONTE DR. STE 201	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, SHANNON	
STREET ADDRESS	777 E ALTAMONTE DR. STE 201	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	204	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	204	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-3630129