



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90084 038 ***150.00

DOCUMENT # P06000075267 1. Entity Name MUTUAL MORTGAGE FINANCIAL CORPORATION					
Principal Place of Business 4300 WEST CYPRESS STREET SUITE 1080 TAMPA, FL 33607			Mailing Address 4300 WEST CYPRESS STREET SUITE 1080 TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box # 4300 West Cypress Street		3. Mailing Address 4300 W. Cypress Street			
Suite, Apt. #, etc. Suite 775		Suite, Apt. #, etc. Suite 775		04302007 Chg-P CR2E034 (12/06)	
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 84-1711975	
Zip 33607		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 EAST JACKSON STREET SUITE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete DOCSOL, WISLOR 4300 WEST CYPRESS STREET SUITE 1800 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete MELENDEZ, OSCAR 4300 WEST CYPRESS STREET TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Wislors Docsol</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/07 <small>Date</small>		813-348-2377 <small>Daytime Phone #</small>