

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 016 ***150.00

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1. Entity Name

PRIORITY ONE MORTGAGE, INC.



Principal Place of Business
924 W. COLONIAL DRIVE
ORLANDO FL 32804
US

Mailing Address
924 W. COLONIAL DRIVE
#104
ORLANDO FL 32804
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3188187

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANVILLE, THOMAS R
425 W. COLONIAL DRIVE
#104
ORLANDO FL 32804

Name
GRANVILLE, THOMAS

Street Address (P.O. Box Number is Not Acceptable)
924 W. COLONIAL DR.

City
ORLANDO FL Zip Code
32804

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 required when reinstating)

4/13/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANVILLE, THOMAS R
201 N PHELPS AVE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANVILLE, CHRISTOPHER E
1788 MAGNOLIA AVE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GRANVILLE, CLINTON
1790 SPRUCE AVE
WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

4/13/05 407-839-1211
Date Daytime Phone #