

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051027

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: THE MORTGAGE SOURCE OF LAKELAND, INC.

## Current Principal Place of Business:

4732 US HWY 98 N  
LAKELAND, FL 33809 US

## New Principal Place of Business:

## Current Mailing Address:

4732 US HWY 98 N  
LAKELAND, FL 33809 US

## New Mailing Address:

FEI Number: 59-3198132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KINGERY, TRINA M  
4732 US HWY 98N  
LAKELAND, FL 33809 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: KINGERY, TRINA M  
Address: 4732 U.S. HIGHWAY 98 NORTH  
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete  
Name: CRAWFORD, WALTER W SR.  
Address: 4732 U.S. HIGHWAY 98 NORTH  
City-St-Zip: LAKELAND, FL 33809

Title: S ( ) Delete  
Name: CRAWFORD, SHIRLEY  
Address: 4732 U.S. HIGHWAY 98 NORTH  
City-St-Zip: LAKELAND, FL 33809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TRINA KINGERY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/22/2009

\_\_\_\_\_  
Date