


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000054512 1. Entity Name ASSOCIATED MORTGAGE CONSULTANTS, INC.	
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Principal Place of Business 8192 COLLEGE PARKWAY STE 25 FORT MYERS, FL 33919	Mailing Address 8192 COLLEGE PARKWAY STE. 25 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0505277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BUTLER, GAREY F
FOWLER, WHITE, BOGGS & BANKER
2201 2ND STREET, 5TH FLOOR
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARNES, CONSTANCE N
STREET ADDRESS	12451 BLASINGIM ROAD
CITY - ST - ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000360847
05/05/05-80053-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

65402-05

Date

Daytime Phone #