

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000076634

1. Entity Name
MORTGAGE SOLUTIONS OF CENTRAL FLORIDA, INC.



Principal Place of Business
**3200 S HIWASSEE ROAD
SUITE 205
ORLANDO, FL 32835 US**

Mailing Address
**3200 S HIWASSEE ROAD
SUITE 205
ORLANDO, FL 32835 US**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3276246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALL, CYNTHIA J
5486 TILDENS GROVE BOULEVARD
WINDERMERE, FL 34786**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HALL, CYNTHIA J
STREET ADDRESS	5468 TILDENS GROVE BLVD
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	VP
NAME	HALL, RUFUS
STREET ADDRESS	5468 TILDENS GROVE BLVD
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000013416, 5
01/24/06 80006-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Cynthia J. Hall President 1/9/06

407.294.4707

Date

Daytime Phone #