

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P95000010850

1. Entity Name
MORTGAGE WORKS UNLIMITED, INC.



Principal Place of Business
2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409

Mailing Address
2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0559409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINNS, MYLES R
2240 PALM BEACH LAKES BLVD.
STE 400
WEST PALM BEACH, FL 33409

**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, 2007 Fee will be \$550.00

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	DP MINNS, MYLES R 2240 PALM BEACH LAKES BLVD. #400 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALTRUS, DONALD T JR 9112 ALTERNATE A1A 209 NORTH PALM BEACH, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINNS, KATHY 2240 PALM BEACH LAKES BLVD #400 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INMAN, SONDR 2240 PALM BEACH LAKE BLVD #400 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EARLE, JODI 2240 PALM BEACH LAKES BLVD #400 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-80012-007 150.00

**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

Myles Minns
Myles Minns

4-24-07

Date

Daytime Phone #