

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 24 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044134

1. Entity Name  
MORTGAGEONE FINANCIAL SERVICES CORP.



Principal Place of Business

1637 E VINE ST  
STE. D  
KISSIMMEE, FL 34744 US

Mailing Address

1637 E. VINE ST.  
STE. D  
KISSIMMEE, FL 34744 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06232004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3379929

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

SMOLEY, JOHN  
649 ADRIANE PARK CIRCLE  
KISSIMMEE, FL 34744

Name John Smoley

Street Address (P.O. Box Number is Not Acceptable)

3040 Lakeshore Blvd.

City St. Cloud

FL

Zip Code 34769

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME SMOLEY, JOHN ☐ Delete  
STREET ADDRESS 649 ADRIANE PARK CIRCLE  
CITY - ST - ZIP KISSIMMEE, FL 34744

TITLE VPSD  
NAME SMOLEY, PATRICE ☐ Delete  
STREET ADDRESS 649 ADRIANE PARK CIRCLE  
CITY - ST - ZIP KISSIMMEE, FL 34744

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SMOLEY, JOHN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3040 LAKESHORE BLVD  
CITY - ST - ZIP ST CLOUD FL 34769

TITLE SMOLEY, PATRICE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3040 LAKESHORE BLVD  
CITY - ST - ZIP ST CLOUD FL 34769

TITLE VP, D  
NAME SEAN SMOLEY ☐ Change ☒ Addition  
STREET ADDRESS 10311 WESTLEY WAY  
CITY - ST - ZIP ORLANDO FL 32825

TITLE 200038288922 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 06/25/04--01073--007 \*\*\$61.25  
CITY - ST - ZIP

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

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

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

Date

Daytime Phone #

JOHN SMOLEY, PRESIDENT 6/23/04 407-870-9090