

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 07, 2008 08:00 AM**

**Secretary of State**

**DOCUMENT # P96000053664**

1. Entity Name

**THE MORTGAGE CONNNECTION, INC.**



Principal Place of Business

**5605 - 26TH STREET WEST  
BRADENTON, FL 34207 US**

Mailing Address

**5605 - 26TH STREET WEST  
BRADENTON, FL 34205 US**



03262008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0675734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KNEELAND, CATHY  
5605 - 26TH STREET WEST  
BRADENTON, FL 34205**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	KNEELAND, DAVID
STREET ADDRESS	10620 FOREST RUN DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DP
NAME	KNEELAND, CATHY
STREET ADDRESS	10620 FOREST RUN DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000949125

06/03/08-80015-018 150.00

**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

*Cathy Kneeland* President

4/28/08 941-739-9300

Date

Daytime Phone #

*Cathy Kneeland*