


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90170 035 \*\*\*150.00

<b>DOCUMENT # P97000030925</b> 1. Entity Name <b>AMERICAN PIONEER MORTGAGE SERVICES, INC.</b>					
Principal Place of Business <b>639 E. OCEAN AVE SUITE 308 BOYNTON BEACH, FL 33435</b>			Mailing Address <b>639 E. OCEAN AVE SUITE 308 BOYNTON BEACH, FL 33435</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0746592</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEIDE, WILLIAM GEORGE 639 E. OCEAN AVE SUITE 308 BOYNTON BEACH, FL 33435</b>				7. Name and Address of New Registered Agent Name <b>Kurt Heide</b> Street Address (P.O. Box Number is Not Acceptable) <b>639 E Ocean Ave</b> <b>Suite 308</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code	
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 <u><i>Kurt Heide</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDE, WILLIAM GEORGE 1275 N SWINTON AVE DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIDE, KURT W 631 ANCHOR RD DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Delete <b>Do NOT</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u><i>Kurt Heide</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President <u>4/28/08</u> <u>561 424-0522</u> <small>Date Daytime Phone #</small>		