

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 017 ***150.00

DOCUMENT # P97000078678

1. Entity Name
MELBOURNE MORTGAGE COMPANY



Principal Place of Business
**3247 W. NEW HAVEN AVENUE
MELBOURNE, FL 32904**

Mailing Address
**3247 W. NEW HAVEN AVENUE
MELBOURNE, FL 32904**

2. Principal Place of Business
4100 W. NEW HAVEN AVE

3. Mailing Address
4100 W. NEW HAVEN AVE

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
W. MELBOURNE FL

City & State
W. MELBOURNE, FL

Zip
32904

Country
BREVARD

Zip
32904

Country
BREVARD

04292005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3469871

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SUBLETTE, PATRICIA L
3247 W. NEW HAVEN AVENUE
MELBOURNE, FL 32904**

7. Name and Address of New Registered Agent

Name **Sublette, Patricia L**
Street Address (P.O. Box Number is Not Acceptable)
4100 W. NEW HAVEN AVE
SUITE A
City **W MELBOURNE FL** Zip Code **32904**

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 **Patricia L. Sublette**

04-29-2005

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

T
NAME **BRETZ, MATTHEW L** ☐ Delete
STREET ADDRESS **135 NIEMIRA AVE, UNIT EAST**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

DVP
NAME **SUBLETTE, PATRICIA** ☐ Delete
STREET ADDRESS **29 EDWARD ROAD**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

P
NAME **SUBLETTE, PATRICIA L** ☐ Delete
STREET ADDRESS **293 EDWARD RD**
CITY-ST-ZIP **MELBOURNE, FL 32935**

S
NAME **BRETZ, TIMOTHY** ☐ Delete
STREET ADDRESS **631 CROWBERRY RD**
CITY-ST-ZIP **PALM BAY, FL 32907**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☒ Change ☐ Addition
NAME **BRETZ MATTHEW P**
STREET ADDRESS **631 CROWBERRY RD**
CITY-ST-ZIP **PALM BAY, FL 32907**

DVP ☒ Change ☐ Addition
NAME **SUBLETTE, PATRICIA**
STREET ADDRESS **293 EDWARD RD**
CITY-ST-ZIP **W. MELBOURNE, FL 32904**

P ☒ Change ☐ Addition
NAME **SUBLETTE PATRICIA L.**
STREET ADDRESS **293 EDWARD RD**
CITY-ST-ZIP **W. MELBOURNE, FL 32904**

S ☒ Change ☐ Addition
NAME **BRETZ, TIMOTHY**
STREET ADDRESS **293 EDWARD RD**
CITY-ST-ZIP **W. MELBOURNE, FL 32904**

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

☐ Change ☐ Addition
NAME
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: **Patricia L. Sublette**

04-29-2005 321-837-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #