


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90090 001 \*\*\*150.00

<b>DOCUMENT # P98000014206</b> 1. Entity Name <b>MORTGAGE SOLUTIONS OF TAMPA BAY, INC.</b>					
Principal Place of Business <b>28870 US HWY 19N 400A CLEARWATER, FL 33761</b>			Mailing Address <b>28870 US HWY 19N 400A CLEARWATER, FL 33761</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3494441</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				7. Name and Address of New Registered Agent	
<b>REIBER, SAM I 601 EAST TWIGGS STREET STE. 200 TAMPA, FL 33602</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>CAMPO, RODNEY</b> STREET ADDRESS <b>276 TIMBERLAND CT</b> CITY-ST-ZIP <b>OLDSMAR, FL 34677</b>		TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CAMPO, Rodney</b> STREET ADDRESS <b>1092 Riverside Ridge Road</b> CITY-ST-ZIP <b>Tarpon Springs, FL 34677</b>	
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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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>5-2-05</b> Daytime Phone # <b>727-712-0605</b>		