

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000075933

1. Entity Name

MORTGAGE SUBSIDIARY, INC.



Principal Place of Business

1155 S SEMORAN BLVD
STE 1120
WINTER PARK FL 32792

Mailing Address

1155 S SEMORAN BLVD
STE 1120
WINTER PARK FL 32792



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3531783

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

HISS, STEVEN F
C/O ENGINEERED HOMES OF ORLANDO INC
1155 S. SEMORAN BLVD, STE #1120
WINTER PARK FL 32792

Name

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

City

FL

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

Signature (Typed or Printed Name of Registered Agent and Title is acceptable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OODOWD, STEVEN M
STREET ADDRESS 1155 S SEMORAN BLVD, STE 1120
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000913271
CITY-ST-ZIP 05/08/08-80009-015 158.75

TITLE ST ☐ Delete
NAME HISS, STEVEN F
STREET ADDRESS 1155 S. SEMRON BLVD, STE 1120
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Digitally Signed

4-11-08 407-571-4355