
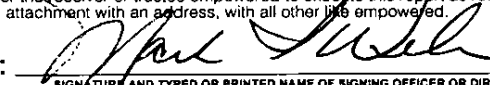


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90020 010 \*\*\*150.00

<b>DOCUMENT # P98000100782</b> 1. Entity Name <b>A &amp; O MORTGAGE SERVICES, INC.</b>					
Principal Place of Business 1027 CR 540 A LAKELAND, FL 33813			Mailing Address 1027 CR 540 A LAKELAND, FL 33813		
2. Principal Place of Business - No P.O. Box # <b>5147 South Lakeland Dr. Suite 4</b> Suite, Apt. #, etc. Lakeland, FL 33813 City & State <b>33813</b>		3. Mailing Address <b>5147 South Lakeland Dr. Suite 4</b> Suite, Apt. #, etc. Lakeland, FL 33813 City & State <b>33813</b>		04072008    Chg-P    CR2E034 (12/06)	
Zip    Country <b>USA</b>		Zip    Country <b>USA</b>		4. FEI Number <b>59-3544923</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON, MARK P</b> <b>1027 CR 540 A-</b> <b>LAKELAND, FL-33813</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5147 South Lakeland Dr., Suite 4</b> Lakeland, FL 33813 City <b>FL</b> Zip Code <b>33813</b>		
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 \$150.00</b> <b>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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WILSON, MARK P</b> <b>1027 CR 540 A</b> <b>LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wilson, Mark P.</b> <b>5147 South Lakeland Dr., Suite 4</b> <b>Lakeland, FL 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>WILSON, GAIL</b> <b>1027 CR 540 A</b> <b>LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wilson, Gail</b> <b>5147 South Lakeland Dr., Suite 4</b> <b>Lakeland, FL 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>WILSON, MARY D</b> <b>1027 CR 540 A</b> <b>LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wilson, Mary D.</b> <b>5147 South Lakeland Dr., Suite 4</b> <b>Lakeland, FL 33813</b>	
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:  Mark P. Wilson			Date <b>4-7-08</b> Daytime Phone # <b>(863) 607-9885</b>		