

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90080 006 ***150.00

DOCUMENT # P99000021468



1. Entity Name

A PLUS MORTGAGE AND FINANCIAL SERVICES, INC.

Principal Place of Business

5889 AIRPORT RD
STE 203
PORT ORANGE FL 32128
US

Mailing Address

5889 AIRPORT RD
STE 203
PORT ORANGE FL 32128
US

2. Principal Place of Business

5889 AIRPORT RD
Suite, Apt. #, etc.
SUITE 203

3. Mailing Address

5889 AIRPORT RD
Suite, Apt. #, etc.
SUITE 203

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32128

Country

US/USA

Zip

32128

Country

US/USA

4. FEI Number

59-3555419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, RUSSELL
5889 AIRPORT RD
STE 203
PORT ORANGE FL 32124

7. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE P ☐ Delete

NAME MYERS, RUSSELL
STREET ADDRESS 5889 AIRPORT RD STE 203
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE ST ☐ Delete

NAME BIXBY, BASIL
STREET ADDRESS 5889 AIRPORT RD STE 203
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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:

Russell F. Myers
RUSSELL F. MYERS

1/29/04 386-304-0726
Date Daytime Phone #