


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000088177	
1. Entity Name APPLE MORTGAGE SERVICE, INC.	

Principal Place of Business 2311 LEE ROAD WINTER PARK, FL 32789	Mailing Address 2311 LEE ROAD WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



08062004 No Chg-P CR2E094 (10/03)

4. FEI Number 59:3596900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NAMEY, THOMAS E
1950 LEE ROAD #117
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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: *Thomas E Namey* (NOTE: Registered Agent signature required when reappointing)

DATE: 8/4/04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000169948 08/12/04-80005-010 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAMEY, VICKI A 2311 LEE ROAD WINTER PARK, FL 32789
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Thomas E Namey* 8/4/04 407-647-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone