


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90095 040 ***150.00

DOCUMENT # P99000091803 1. Entity Name MORTGAGE SUCCESS, INC.																							
Principal Place of Business 2001 PALM BEACH LAKES BLVD. #300 WEST PALM BEACH, FL 33409			Mailing Address 2001 PALM BEACH LAKES BLVD. #300 WEST PALM BEACH, FL 33409																				
2. Principal Place of Business 2686 N MILITARY TRAIL Suite, Apt. #, etc.		3. Mailing Address 2686 N. MILITARY TRAIL Suite, Apt. #, etc.																					
City & State WEST PALM BEACH, FLORIDA		City & State WEST PALM BEACH, FL		4. FEI Number 65-0954971																			
Zip 33409		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent GRAHAM, CLIFF 2001 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name GRAHAM, CLIFF Street Address (P.O. Box Number is Not Acceptable) 2686 NORTH MILITARY TRAIL City WEST PALM BEACH, FL Zip Code 33409																			
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 <u><i>Cliff Graham</i></u> CLIFF GRAHAM <u>4/14/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
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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.																							
SIGNATURE: <u><i>Cliff Graham</i></u> CLIFF GRAHAM <u>4/14/2004</u> 561-683-1144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							

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