

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90084 045 ***150.00

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03102005 Chg-P CR2E034 (10/03)

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|---|-----------------------------------|---|--|---|------|-----------------------------------|---|---------------------------------|------|---------------|-----------------|----------------|----------------------------------|---|-----------------|-------------------------|--|
| DOCUMENT # P99000092721 1. Entity Name MORTGAGE YESS.COM, INC. | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3930 CRYSTAL LAKE DR., SUITE 309 POMPANO BEACH, FL 33064 | | | Mailing Address 3930 CRYSTAL LAKE DR., SUITE 309 POMPANO BEACH, FL 33064 | | | | | | | | | | | | | | |
| 2. Principal Place of Business 3100 NE 48TH COURT Suite, Apt. #, etc. 315 City & State LIGHTHOUSE POINT, FL Zip 33064 Country U.S.A. | | 3. Mailing Address 3100 N.E. 48TH COURT Suite, Apt. #, etc. 315 City & State LIGHTHOUSE POINT, FL Zip 33064 Country U.S.A. | | 4. FEI Number 52-2196548 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 CHAPEKIS, GEORGE T 17689 PINE NEEDLE TERR. BOCA RATON, FL 33487 | | | | | | | | | | | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ADAMS, DEAN T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3930 CRYSTAL LAKE DR., SUITE 309</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>POMPANO BEACH, FL 33064</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | ADAMS, DEAN T | | STREET ADDRESS | 3930 CRYSTAL LAKE DR., SUITE 309 | | CITY - ST - ZIP | POMPANO BEACH, FL 33064 | |
| TITLE | D | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | |
| NAME | ADAMS, DEAN T | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 3930 CRYSTAL LAKE DR., SUITE 309 | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | POMPANO BEACH, FL 33064 | | | | | | | | | | | | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">3100 N.E. 48TH COURT, SUITE 315</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LIGHTHOUSE POINT, FL 33064 - 7953</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | 3100 N.E. 48TH COURT, SUITE 315 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | LIGHTHOUSE POINT, FL 33064 - 7953 | | 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. | | | |
| TITLE | 3100 N.E. 48TH COURT, SUITE 315 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | |
| NAME | LIGHTHOUSE POINT, FL 33064 - 7953 | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | |
| SIGNATURE: 3/15/05 954570-8478 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | |