

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90115 006 ***150.00

DOCUMENT # P99000111541

1. Entity Name
MORTGAGEFLEX SERVICES, INC.



Principal Place of Business
10151 DEERWOOD PARK BLVD.
BLDG 400, SUITE 350
JACKSONVILLE, FL 32256-0592

Mailing Address
10151 DEERWOOD PARK BLVD.
BLDG 400, SUITE 350
JACKSONVILLE, FL 32256-0592

30016343



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0546883	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

VERMUT, RICHARD S
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DOMINICK, E. LESTER
STREET ADDRESS 10151 DEERWOOD PARK BLVD. BLD 400, STE 350
CITY-ST-ZIP JACKSONVILLE, FL 322560592

TITLE CFO
NAME DAHLENBURG, WILLIAM
STREET ADDRESS 10151 DEERWOOD PARK BLVD. BLD 400, STE 350
CITY-ST-ZIP JACKSONVILLE, FL 322560592

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____