

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # S16274

1. Entity Name
MOREHEAD MORTGAGE SERVICES, INC.



Principal Place of Business
**208 NORTH ARMENIA AVE
TAMPA, FL 33609 US**

Mailing Address
**208 N. ARMENIA AVE
TAMPA, FL 33609-2304 US**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3039268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CRAIG, DENNIS
208 N. ARMENIA AVENUE
TAMPA, FL 33609**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000050769
02/16/04-80025-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAIG, DENNIS
STREET ADDRESS	208 NORTH ARMENIA AVE.
CITY-ST-ZIP	TAMPA, FL

TITLE	VP
NAME	CRAIG, JEANNINE L
STREET ADDRESS	208 N. ARMENIA AVE.
CITY-ST-ZIP	TAMPA, FL 33609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(f), 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 #

815877176