


May
Se

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # S16274 | |  |
| 1. Entity Name MOREHEAD MORTGAGE SERVICES, INC. | | |

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| Principal Place of Business 208 NORTH ARMENIA AVE TAMPA, FL 33609 US | Mailing Address 208 N. ARMENIA AVE TAMPA, FL 33609-2304 US |
|--|--|



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | D CRAIG, DENNIS 208 NORTH ARMENIA AVE. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CRAIG, JEANNINE L 208 N. ARMENIA AVE. TAMPA, FL 33609 |
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05/17/06-80126-002 150.00

**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

4/28/06 8135879 1576
Date Daytime Phone #