## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**



## FILED Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90168 036 \*\*\*150.00

1. Entity Name AAA METRO ORLANDO MORTGAGE CORPORATION							04-25-2007 90	0168 036 ****	150.0	JO	
Principal Plac 4800 ARCIE ORLANDO, FI	STREET	s US	Mailing Address 4800 ARCIE STREET ORLANDO, FL 32812								
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192007	Chg-P	CR2E034 (1	2/06)		
City & State			City & State			4. FEI Numb 59-309			-	plied For t Applicable	
Zip 		Country	Zip	Cour	itry		of Status Desired	Fee F	75 Add Required		
<del></del>	6. Name	and Address of Curren	t Registered Agent	7. Name and Address of New Registered Agent Name							
BAKKE, JA 4800 ARCI ORLANDO			Street Address	s (P.O. Box Numb	er is Not Acceptable	)					
					City			FL 2	ip 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  Signature speed or printed harme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		FEE IS \$150.00 7 Fee will be \$550	9. Election Camp Trust Fund Cor		·	5.00 May Be dded to Fees					
10.		OFFICERS AND	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRE	CTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKKE, J 4800 ARC ORLAND	CIE STREET			I				Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete		I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-			Change	Addition	
	certify that th	e information supplied wi rt or supplemental report	th this filing does not qualify is true and accurate and that	for the ex my signa	emptions contain ture shall have th	ned in Chapter 119 ne same legal effe	9, Florida Statutes. I ct as if made under o	further certify the	at the in	formation 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.