

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90075 034 \*\*\*150.00

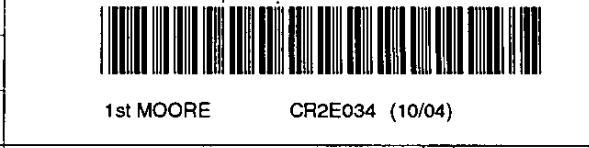
**DOCUMENT # F99000000646**  
 1. Entity Name  
**SECURITYNATIONAL MORTGAGE COMPANY**



Principal Place of Business: **5300 SOUTH 360 WEST SUITE 150 SALT LAKE CITY UT 84123**  
 Mailing Address: **PO BOX 57250 100 SALT LAKE CITY FL 84157-0250**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
 Zip: Zip Country: Country



6. Name and Address of Current Registered Agent  
**SILL, GARRETT S**  
**755 RINEHART RD #100**  
**LAKE MARY FL 32746**

4. FEI Number: **NO-T APPLICABLE**  
 Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	CDT <input type="checkbox"/> Delete
NAME	QUIST, SCOTT M
STREET ADDRESS	7 WANDERWOOD WAY
CITY-ST-ZIP	SANDY UT 84092
TITLE	D <input type="checkbox"/> Delete
NAME	QUIST, GEORGE R
STREET ADDRESS	4491 WANDER LANE
CITY-ST-ZIP	SALT LAKE CITY UT 84117
TITLE	D <input type="checkbox"/> Delete
NAME	CRITTENDEN, CHARLES L
STREET ADDRESS	2334 FILMORE AVE.
CITY-ST-ZIP	OGDEN UT 84401
TITLE	D <input type="checkbox"/> Delete
NAME	MOODY, HOWARD V
STREET ADDRESS	1782 EAST FAUNSDALE DRIVE
CITY-ST-ZIP	SANDY UT 84092
TITLE	D <input type="checkbox"/> Delete
NAME	HUNTER, ROBERT G
STREET ADDRESS	#2 RAVENWOOD LANE
CITY-ST-ZIP	SANDY UT 84092
TITLE	D <input type="checkbox"/> Delete
NAME	BECKSTEAD, J. LYNN
STREET ADDRESS	190 NORTH MATTERHORN DR.
CITY-ST-ZIP	ALPINE UT 84004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_