2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

DOCUMENT# F99000000646

Entity Name: SECURITYNATIONAL MORTGAGE COMPANY

Current Principal Place of Business:

5300 SOUTH 360 WEST SUITE 150
SALT LAKE CITY, UT 84123

New Principal Place of Business:

Current Mailing Address:

PO BOX 57250
100
SALT LAKE CITY, FL 841570250

New Mailing Address:

FEI Number: 87-0512002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILL, GARRETT S
755 RINEHART RD #100
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDT ( ) Delete
Name: QUIST, SCOTT M
Address: 7 WANDERWOOD WAY
City-St-Zip: SANDY, UT 84092

Title: D ( ) Delete
Name: QUIST, GEORGE R
Address: 4491 WANDER LANE
City-St-Zip: SALT LAKE CITY, UT 84117

Title: D ( ) Delete
Name: CRITTENDEN, CHARLES L
Address: 2334 FILMORE AVE.
City-St-Zip: OGDEN, UT 84401

Title: D ( ) Delete
Name: MOODY, HOWARD V
Address: 1782 EAST FAUNSDALE DRIVE
City-St-Zip: SANDY, UT 84092

Title: D ( ) Delete
Name: HUNTER, ROBERT G
Address: #2 RAVENWOOD LANE
City-St-Zip: SANDY, UT 84092

Title: D ( ) Delete
Name: BECKSTEAD, J. LYNN
Address: 190 NORTH MATTERHORN DR.
City-St-Zip: ALPINE, UT 84004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J LYNN BECKSTEAD D 03/13/2006

Electronic Signature of Signing Officer or Director Date