


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90194 026 ***150.00

DOCUMENT # P05000065092
 1. Entity Name
EPIPHANY MORTGAGE & FINANCIAL SOLUTIONS, INC.



Principal Place of Business Mailing Address
6630 BURPEE DRIVE SOUTH **6630 BURPEE DRIVE SOUTH**
JACKSONVILLE, FL 32210 US **JACKSONVILLE, FL 32210 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04082006 Chg-P CR2E034 (11/05)

4. FEI Number
84-1686247 Applied For
 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
GREENE, LEON C
6630 BURPEE DRIVE SOUTH
JACKSONVILLE, FL 32210

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 _____ 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENE, SCHMEIKUA A P	
STREET ADDRESS	6630 BURPEE DRIVE SOUTH	
CITY- ST- ZIP	JACKSONVILLE, FL 32210	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREENE, LEON C VP	
STREET ADDRESS	6630 BURPEE DRIVE SOUTH	
CITY- ST- ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ARNOLD	
STREET ADDRESS	1965 JAMES RD	
CITY- ST- ZIP	JACKSONVILLE FL 32210	
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 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: *Schmeikua Greene Schmeikua Greene* 06 APR 2006 (904) 680-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #