

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 333831

Entity Name: FORTUNE FINANCIAL, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

200 EXECUTIVE WAY
SUITE 210
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

8875 HIDDEN RIVER PKWY
SUITE 560
TAMPA, FL 33637

Current Mailing Address:

200 EXECUTIVE WAY
SUITE 210
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

8875 HIDDEN RIVER PKWY
SUITE 560
TAMPA, FL 33637

FEI Number: 59-1218935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTMAN, J. JOHN
200 EXECUTIVE WAY
STE 210
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

NICK, PHIL D CD
8875 HIDDEN RIVER PKWY
SUITE 560
TAMPA, FL FL US

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: PHIL D. NICK

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NICK, PHILLIP D
Address: 3518 RIVERSIDE DR. STE. 206
City-St-Zip: COLUMBUS, OH 43221

Title: SD () Delete
Name: SMITH, LEE R
Address: 1200 RIVERPLACE BLVD., STE. 902
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Delete
Name: WORTMAN, J. JOHN
Address: 200 EXECUTIVE WAY STE. 210
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P (X) Delete
Name: MISHLER, DOUGLAS
Address: 8875 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 33637

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:

I hereby certify that the information supplied with this filing does not qualify 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: PHIL D. NICK

CD

02/25/2009

Electronic Signature of Signing Officer or Director

Date