

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000003982

1. Entity Name

SECURITY MORTGAGE, INC.



Principal Place of Business

**31 TEATICKET HIGHWAY
EAST FALMOUTH, MA 02536**

Mailing Address

**31 TEATICKET HIGHWAY
EAST FALMOUTH, MA 02536**

DO NOT WRITE IN THIS SPACE



06152005 No Chg-P CR2E034 (10/03)

4. FEI Number

04-3068643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, FRANK H
234 WEST CHURCH ST.
LONGWOOD, FL 32750**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCVC
NAME PENA, ROBERT
STREET ADDRESS 854 W. FALMOUTH HWY
CITY-ST-ZIP WEST FALMOUTH, MA 02574

TITLE PVPS
NAME PENA, ROBERT
STREET ADDRESS 854 W. FALMOUTH HWY
CITY-ST-ZIP WEST FALMOUTH, MA 02574

TITLE T
NAME PENA, ROBERT
STREET ADDRESS 854 W. FALMOUTH HWY
CITY-ST-ZIP WEST FALMOUTH, MA 02574

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000369654
06/20/05-80001-019 550.00

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IN THIS SPACE**

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.