
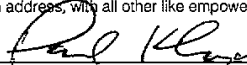


2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 05, 2
Secre

DOCUMENT # F96000000911 1. Entity Name FIRST FINANCIAL MORTGAGE SERVICES, INC.		
Principal Place of Business 6320 AMHERST COURT SUITE 100 NORCROSS, GA 30092 US	Mailing Address 6320 AMHERST COURT SUITE 100 NORCROSS, GA 30092 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PERLMAN, JOSEPH N 1101 BELCHER ROAD, STE. B LARGO, FL 33771		
DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLONGA, PAUL 6320 AMHERST COURT SUITE 100 NORCROSS, GA 30092	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  6-30-05 770-449-4613 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2018861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/05/05-80036-009 150.00