

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 20, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

|  |   |                       |   |                                    |  |
|--|---|-----------------------|---|------------------------------------|--|
| <b>DOCUMENT # G78335</b><br>1. Entity Name<br><b>FLORIDA HOME EQUITY MORTGAGE &amp; INVESTMENT CORP.</b>   |   |                       |   |                                    |  |
| Principal Place of Business<br><b>2126 E. EDGEWOOD DR,<br/>SUITE 5<br/>LAKELAND FL 33803<br/>US</b>  |   |                       | Mailing Address<br><b>2126 E. EDGEWOOD DR,<br/>SUITE 5<br/>LAKELAND FL 33803<br/>US</b> |                                    |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                       | 3. Mailing Address<br>Suite, Apt. #, etc.   |                                    |  |
| City & State   |   |                       | City & State  |                                    |  |
| Zip  |   | Country               |   | 4. FEI Number<br><b>59-2391237</b> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                       |   | Applied For<br>Not Applicable      |  |
| 6. Name and Address of Current Registered Agent<br><b>KERSEY, JAMES E., JR.<br/>2126 E. EDGEWOOD DR<br/>SUITE 5<br/>LAKELAND FL 33803</b>  |   |                       |   |                                    |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |                       |   |                                    |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)   |   |                       |   |                                    |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State   |   |                       |   |                                    |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |                       |   |                                    |  |
| 10. OFFICERS AND DIRECTORS   |   |                       |   |                                    |  |
| TITLE  | P | KERSEY, JAMES E., JR. | <input type="checkbox"/> Delete   |                                    |  |
| NAME   |   | 4602 DARCIN DR.       |   |                                    |  |
| STREET ADDRESS   |   | LAKELAND FL           |   |                                    |  |
| 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"/> 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  |   |                       |   |                                    |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |                       |   |                                    |  |
| TITLE  |   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                            |                                    |  |
| NAME   |   |                       |   |                                    |  |
| STREET ADDRESS   |   |                       |   |                                    |  |
| CITY - ST - ZIP  |   |                       |   |                                    |  |
| TITLE  |   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                            |                                    |  |
| NAME   |   |                       |   |                                    |  |
| STREET ADDRESS   |   |                       |   |                                    |  |
| CITY - ST - ZIP  |   |                       |   |                                    |  |
| TITLE  |   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                            |                                    |  |
| NAME   |   |                       |   |                                    |  |
| STREET ADDRESS   |   |                       |   |                                    |  |
| CITY - ST - ZIP  |   |                       |   |                                    |  |
| TITLE  |   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                            |                                    |  |
| 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 Section 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: <u>James E. Kersey, Jr.</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                       |   |                                    |  |

4-18-06 863-665-5343  
Date Daytime Phone #