

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90228 002 ***158.75

DOCUMENT # H95314

1. Entity Name
**FINANCIAL SERVICES CORPORATION OF SEMINOLE
COUNTY, INC.**



Principal Place of Business
**2724 HIGHWAY 17-92
P.O. BOX 1400
LONGWOOD, FL 32750**

Mailing Address
**2724 HIGHWAY 17-92
P.O. BOX 1400
LONGWOOD, FL 32750**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2627856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUBET, MARC L., ESQ.
LUBET AND WOODARD
209 E. RIDGEWOOD ST
ORLANDO, FL 32801**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **RAY JR., WILLIAM D.**
STREET ADDRESS **620 LAKE KATHRYN CIRCLE**
CITY-ST-ZIP **CASSELBERRY, FL**

TITLE **ST** ☐ Delete
NAME **RAY, WILLIAM D., III**
STREET ADDRESS **1006 DUBHURST COURT**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Ray, William D. III**
STREET ADDRESS **1006 Dunhurst court**
CITY-ST-ZIP **Longwood Florida 32750**

TITLE **ST** ☐ Change ☒ Addition
NAME **Shea, Susan**
STREET ADDRESS **1508 Lake Whitney Drive**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without power.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05

Date

407-831-1318

Daytime Phone #