

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H95314

FILED
Apr 28, 2006
Secretary of State

Entity Name: FINANCIAL SERVICES CORPORATION OF SEMINOLE COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2627856 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAM, RAY D III
Address: 1006 DUNHURST COURT
City-St-Zip: LONGWOOD, FL 32750

Title: ST () Delete
Name: RAY, WILLIAM D.,III,
Address: 1006 DUBHURST COURT
City-St-Zip: LONGWOOD, FL 32750

Title: ST (X) Delete
Name: SHEA, SUSAN
Address: 1508 LAKE WHITNEY DR
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAM, RAY D III
Address: 2048 ALAQUA LAKES
City-St-Zip: LONGWOOD, FL 32779

Title: ST (X) Change () Addition
Name: SHEA, SUSAN
Address: 1508 LAKE WHITNEY DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM D. RAY, III

Electronic Signature of Signing Officer or Director

PRES

04/28/2006

Date