2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# H95314

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:

2724 HIGHWAY 17-92
LONGWOOD, FL 32750

Current Mailing Address:

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

New Mailing Address:

2724 HIGHWAY 17-92
P.O.BOX 521400
LONGWOOD, FL 32752

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:

BLECHMAN, MARK S. P.A.
1521 MOUNT VERNON STREET
ORLANDO, FL 32803 US

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: MARK S. BLECHMAN 02/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: W. DAVID RAY, III PD 02/19/2007
Electronic Signature of Signing Officer or Director Date