

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # J40086

1. Entity Name
SECURITYBANC MORTGAGE COMPANY



Principal Place of Business
**7880 W OAKLAND PARK BLVD.
SUNRISE, FL 33351 US**

Mailing Address
**1450 SOUTH STATE ROAD SEVEN
NORTH LAUDERDALE, FL 33068**



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2732538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENNEY, TIMOTHY H.
120 BUTLER ST
WEST PALM BEACH, FL 33407**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SERLO, LARRY 224 NE 32 CT OAKLAND PRK, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRANCO, EDUARDO 1450 S.STATE ROAD SEVEN NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, MANUAL 1450 S. STATE ROAD 7 NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTINE, MICHAEL O 2200 W COMMERCIAL BLVD STE 301 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRANCO, EDUARDO 1450 S STATE RD 7 NO LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC RYAN, PETER E 1509 N. STATE ROAD SEVEN POMPANO BEACH, FL 33063

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03/08/05-80034-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-05 954-977-3158