

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 037 ***150.00

DOCUMENT # P01000022104

1. Entity Name
FIRST CAPITAL MORTGAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business
**320 W. SABAL PLACE
SUITE 100
LONGWOOD, FL 32779**

Mailing Address
**320 W. SABAL PLACE
SUITE 100
LONGWOOD, FL 32779**

2. Principal Place of Business - No P.O. Box #
1009 Maitland Center Commons Blvd

3. Mailing Address
1009 Maitland Center Commons Blvd

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.
Suite 210

04202007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3709778

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KEIDAISH, PHILIP F JR
320 W. SABAL PALM PLACE
SUITE 300
LONGWOOD, FL 32779**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HARRISON, RODRAN**
STREET ADDRESS **320 W. SABAL PALM PLACE SUITE 100**
CITY-ST-ZIP **LONGWOOD, FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Rodran Harrison

Rodran Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-07

407-786-8100

40089588

