2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2005 8:00 am **Secretary of State DOCUMENT # P02000050572** 02-03-2005 90049 024 ***150.00 1. Entity Name FLORIDA HOUSEHOLD MORTGAGE CORPORATION Principal Place of Business Mailing Address 20010277 12524 SPRINGHILL DR 12524 SPRINGHILL DR SPRING HILL, FL 34609 SPRING HILL, FL 34609 No Chg-P CR2E034 (10/03) 01272005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0883934 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCARANTINO, MICHAEL V DO NOT WRITE 12524 SPRINGHILL DR SPRING HILL, FL 34609 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE SCARANTINO, MICHAEL V NAME STREET ADDRESS 2136 GLENRIDGE DRIVE SPRING HILL, FL 34609 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP N THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; that I am an officer or director of the corporation or the receipt or trustee emproved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

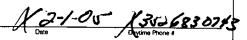
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STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS

CITY-ST-7IP



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