


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P02000050572 1. Entity Name FLORIDA HOUSEHOLD MORTGAGE CORPORATION	
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Principal Place of Business 12524 SPRINGHILL DR SPRING HILL, FL 34609	Mailing Address 12524 SPRINGHILL DR SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE



03172007 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0883934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCARANTINO, MICHAEL V 12524 SPRINGHILL DR SPRING HILL, FL 34609

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000762060 05/25/07-80081-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCARANTINO, MICHAEL V 2136 GLENRIDGE DRIVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SCARANTINO, DEBORAH L 2136 GLENRIDGE DRIVE SPRING HILL, FL 34609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Michael V. Scarantino</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MICHAEL SCARANTINO Date	<i>X 5-107</i> Daytime Phone #
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