

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058598

FILED
Jan 06, 2006
Secretary of State

Entity Name: FLORIDA COMMUNITY MORTGAGE, INC.

Current Principal Place of Business:

1804 MICCOUSUKEE COMMOONS DR
202
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1804 MICCOUSUKEE COMMOONS DR
202
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 03-0466952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVERS, JEFFERY S
1804 MICCOUSUKEE COMMOONS DR
202
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIVERS, JEFFERY S
Address: 1804 MICCOUSUKEE COMMOONS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPS () Delete
Name: JERASSY-ETZION, SHOSHANIT
Address: 1804 MICCOUSUKEE COMMOONS DR
City-St-Zip: TALLAHASSEE, FL 32308

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: SHOSHANIT JERASSY-ETZION

VPS

01/06/2006

Electronic Signature of Signing Officer or Director

Date