


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90042 027 ***158.75


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|---|---|
| DOCUMENT # P02000102785 |  |
| 1. Entity Name FAMILY SECURITY MORTGAGE, INC. | |

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| Principal Place of Business 1730 KINGSLEY AVE SUITE H ORANGE PARK FL 32073 | Mailing Address 4608 WHITE DOVE CT JACKSONVILLE FL 32259 |
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|---|--|
| 2. Principal Place of Business 4608 WHITE DOVE CT. | 3. Mailing Address 4608 WHITE DOVE CT. |
| Suite, Apt. #, etc. STE H | Suite, Apt. #, etc. |

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|---|--|
| City & State ORANGE PARK, FL. | City & State JACKSONVILLE, FL. |
| Zip 32073 | Zip 32259 |
| Country CLAY | Country ST JOHNS |

94031124



MOORE CR2E034 (11/03)

| | |
|---|---|
| 4. FEI Number 75-3081193 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ALLEY, MICHAEL E 4608 WHITE DOVE COURT JACKSONVILLE FL 32259 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 MICHAEL E. ALLEY **MICHAEL E. ALLEY** **PRES/TRES** **3-15-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE PT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ALLEY, MICHAEL E | | NAME | |
| STREET ADDRESS 4608 WHITE DOVE COURT | | STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL 32259 | | CITY-ST-ZIP | |
| TITLE VS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ALLEY, RHIANNON R | | NAME | |
| STREET ADDRESS 4608 WHITE DOVE COURT | | STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL 32259 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 MICHAEL E. ALLEY **MICHAEL E. ALLEY** **3-15-04** **904-264-9995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #