

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90135 033 \*\*\*150.00

DOCUMENT # P02000133407

1. Entity Name  
**THE HOME MORTGAGE GROUP OF CENTRAL FLORIDA,  
INC.**



Principal Place of Business  
**2428 CYPRESS TRACE CR.  
ORLANDO, FL 32825**

Mailing Address  
**2428 CYPRESS TRACE CR.  
ORLANDO, FL 32825**

40048446

2. Principal Place of Business  
**16119 Birchwood Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**16119 Birchwood Way**  
Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

04112006 Chg-P CR2E034 (11/05)

Zip  
**32828**

Country  
**Orange**

Zip  
**32828**

Country  
**Orange**

4. FEI Number  
**75-1541243 72-1541243**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEROUX, JULISSA N  
2428 CYPRESS TRACE CR.  
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name  
**Leroux, Julissa N**  
Street Address (P.O. Box Number is Not Acceptable)  
**16119 Birchwood Way**  
City  
**Orlando** FL Zip Code  
**32828**

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

*Julissa N Leroux*

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEROUX, JULISSA N ☐ Delete  
STREET ADDRESS 2428 CYPRESS TRACE CR.  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE PTS  
NAME SELLES, VICTOR J ☐ Delete  
STREET ADDRESS 2428 CYPRESS TRACE CR.  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Leroux, Julissa N  
STREET ADDRESS 16119 Birchwood Way  
CITY-ST-ZIP Orlando, FL 32828-6922

TITLE PTS ☒ Change ☐ Addition  
NAME Selles, Victor J  
STREET ADDRESS 16119 Birchwood Way  
CITY-ST-ZIP Orlando, FL 32828

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

*Julissa N Leroux*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

407-658-4994

Daytime Phone #