

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90103 024 \*\*\*150.00

**DOCUMENT # P04000119205**

1. Entity Name  
**FIVE FLAGS MORTGAGE, INC.**



Principal Place of Business  
**6095 SAINT ALBAN RD 6425 PENSACOLA BLVD**  
**PENSACOLA, FL 32503**  
**32505**

Mailing Address  
**6095 SAINT ALBAN RD 6425 PENSACOLA BLVD B-1 S-4**  
**PENSACOLA, FL 32503**  
**32505**

**40023305**



2. Principal Place of Business  
**6425 Pensacola Blvd**  
Suite, Apt. #, etc.  
**Building 1, Suite 4**  
City & State  
**Pensacola, FL**  
Zip  
**32505** Country

3. Mailing Address  
**6425 Pensacola Blvd**  
Suite, Apt. #, etc.  
**Building 1, Suite 4**  
City & State  
**Pensacola, FL**  
Zip  
**32505** Country

01182006 Chg-P CR2E034 (11/05)

4. FEI Number  
**42-1638889** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GURENE, JOHN B**  
**6095 SAINT ALBAN RD**  
**PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name  
**John B Gurene**  
Street Address (P.O. Box Number is Not Acceptable)  
**6425 Pensacola Blvd**  
**Building 1, Suite 4**  
City  
**Pensacola** **FL** Zip Code  
**32505**

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 **John B. Gurene**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/1/06**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GURENE, JOHN B 4650 GENEVA DR PENSACOLA, FL 32526	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **John B. Gurene** **3/1/06** **850-4754193**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #