

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030099

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: FAMILY MORTGAGE INVESTMENTS, INC.

## Current Principal Place of Business:

380 SSR 434  
SUITE 1004 BOX 311  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

380 SSR 434  
SUITE 1004 BOX 311  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 47-0960545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOPCRAFT, GREG  
380 SSR 434  
SUITE 1004  
ALTAMONTE SPRINGS, FL 32714 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: PST ( ) Delete  
Name: HOPCRAFT, GREG  
Address: 380 SSR 434 STE 1004 BOX 311  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete  
Name: HOPCRAFT, THERESA  
Address: 380 SSR 434 STE 1004 BOX 311  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete  
Name: HOPCRAFT, CINDY  
Address: 380 SSR 434 STE 1004 BOX 311  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GREG HOPCRAFT

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01/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date