

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030099

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** FAMILY MORTGAGE INVESTMENTS, INC.

**Current Principal Place of Business:**

520 LANYARD LANE  
DEBARY, FL 32713

**New Principal Place of Business:**

2578 ENTERPRISE ROAD  
STE 362  
ORANGE CITY, FL 32763

**Current Mailing Address:**

2578 ENTERPRISE ROAD  
BOX 362  
ORANGE CITY, FL 32763

**New Mailing Address:**

2578 ENTERPRISE ROAD  
STE 362  
ORANGE CITY, FL 32763

**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  
2578 ENTERPRISE ROAD  
BOX 362  
ORANGE CITY, FL 32763 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: HOPCRAFT, GREG  
Address: 2578 ENTERPRISE ROAD BOX 362  
City-St-Zip: ORANGE CITY, FL 32763

Title: V  
Name: HOPCRAFT, THERESA  
Address: 2578 ENTERPRISE ROAD BOX 362  
City-St-Zip: ORANGE CITY, FL 32763

Title: V  
Name: HOPCRAFT, CINDY  
Address: 2578 ENTERPRISE ROAD BOX 362  
City-St-Zip: ORANGE CITY, FL 32763

Title: V  
Name: HOPCRAFT, JACKIE  
Address: 2578 ENTERPRISE ROAD, STE 362  
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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 all other like empowered.

SIGNATURE: GREG HOPCRAFT

MGM

04/20/2011

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

\_\_\_\_\_  
Date