2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90349 033 ***150.00

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1. Entity Name
SEMORAN FINANCIAL CORPORATION

400426**

Principal Place of Business	Mailing Address
1921 BENT OAK DRIVE APOPKA, FL 32712 US	1921 BENT OAK DRIVE APOPKA, FL 32712 US

03162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
237 FERNWOOD BLVD	237 FERNWOOD BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FERN PARK, FL	City & State: FERN PARK, FL
Zip: 32730 Country: SEMINOLE	Zip: 32730 Country: SEMINOLE

4. FEI Number: 20-3622467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBBER, LLOYD J 1921 BENT OAK DRIVE APOPKA, FL 32712	Name: LLOYD J WEBER Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	~~PRES~~ ~~WEBBER, LLOYD J~~ ~~1921 BENT OAK DRIVE~~ ~~APOPKA, FL 32712~~	☐ Delete	CEO WEBER, LLOYD J 1921 BENT OAK DR. APOPKA, FL. 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES MALCOLM MACDIARMID 1723 GULFSIDE DR WINTER PARK, FL 32792	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP DONALD BUCEA 167 VILLA DI ESTE TERRACE #101 LAKE MARY, FL 32746	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 3-24-06 (407) 733-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #