

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 033 ***150.00

DOCUMENT # P05000139453	
1. Entity Name SEMORAN FINANCIAL CORPORATION	

Principal Place of Business 1921 BENT OAK DRIVE APOPKA, FL 32712 US	Mailing Address 1921 BENT OAK DRIVE APOPKA, FL 32712 US
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2. Principal Place of Business 237 FERNWOOD BLVD	3. Mailing Address 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

4004267



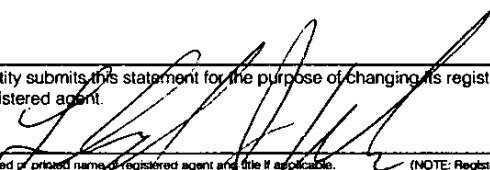
03162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3622467	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBBER, LLOYD J 1921 BENT OAK DRIVE APOPKA, FL 32712	7. Name and Address of New Registered Agent Name LLOYD J WEBER Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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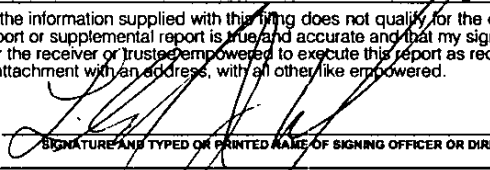
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WEBER, LLOYD J 1921 BENT OAK DR. APOPKA, FL 32712 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MALCOLM MACDIARMID 1723 GOLF SIDE DR WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DONALD BUEA 167 VILLA DI ESTE TERRACE LAKE HAVY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 #