

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P92000007597

**FILED**  
**Oct 26, 2006**  
**Secretary of State**

**Entity Name:** FIRST SECURITY MORTGAGE SERVICES, INC.

**Current Principal Place of Business:**

13915 CARROLL WOOD VILLAGE RUN  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

13915 CARROLL WOOD VILLAGE RUN  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-3153355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BISSETT, SAMUEL FAXON III  
13915 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618 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: PVD ( ) Delete  
Name: BISSETT, SAMUEL FAXON III  
Address: 13915 CARROLLWOOD VILLAGE RUN  
City-St-Zip: TAMPA, FL 33618

Title: S ( ) Delete  
Name: CREEL, SANDRA G  
Address: 13915 CARROLLWOOD VILLAGE RUN  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BISSETT, SAMUEL FAXON III  
Address: 13915 CARROLLWOOD VILLAGE RUN  
City-St-Zip: TAMPA, FL 33618

Title: ST (X) Change ( ) Addition  
Name: O'NEILL, SUSAN  
Address: 13915 CARROLLWOOD VILLAGE RUN  
City-St-Zip: TAMPA, FL 33618

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: SAMUEL FAXON BISSETT, III

DP

10/26/2006

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

\_\_\_\_\_  
Date