

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90297 012 ***150.00

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DOCUMENT # P95000095813 1. Entity Name FINANCIAL SECURITY GROUP, INC.					
Principal Place of Business 1721 SE 16 AVE #103 OCALA, FL 34471			Mailing Address P.O. BOX 383 OCALA, FL 34478-0383		
2. Principal Place of Business 1 NE 1st AVE		3. Mailing Address Suite, Apt. #, etc. SUITE 401			
Suite, Apt. #, etc. SUITE 401		Suite, Apt. #, etc. 			
City & State OCALA FL		City & State 		4. FEI Number 59-3348208	
Zip 34470		Country MARION		Zip 	
Country 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEUMAN, CURTIS 1721 SE 16 AVE, #103 OCALA, FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1 NE 1st AVE Suite 401 City OCALA FL Zip Code 34470	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete NEUMAN, CURTIS W P.O. BOX 383 N/A OCALA, FL 344780383		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST, VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete NEUMAN, COREY W PO BOX 383 OCALA, FL 344780383		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete NEUMAN, COREY W PO BOX 383 OCALA, FL 344780383		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-21-2005 (352) 351-9288 <small>Daytime Phone #</small>		