

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90297 013 ***150.00

DOCUMENT # P97000063146					
1. Entity Name FINANCIAL SECURITY ADVISORS, INC.					
Principal Place of Business 1721 SE 16 AVENUE #103 OCALA, FL 34471-4641			Mailing Address P O BOX 383 OCALA, FL 34478-0383		
2. Principal Place of Business 1 NE 125 AVE		3. Mailing Address			
Suite, Apt. #, etc. Suite 401		Suite, Apt. #, etc.			
City & State OCALA FL		City & State		04072005 Chg-P CR2E034 (10/03)	
Zip 34470		Country MARION		4. FEI Number 59-3456727	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NEUMAN, CURTIS 1721 SE 16 AVENUE #103 OCALA, FL 34471			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1 NE 125 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.</small>			DATE 4-21-2001 <small>(NOTE: Registered Agent signature required when re-registering)</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 NEUMAN, CURTIS W 1721 SE 16 AVE SUITE 103 OCALA, FL 344714641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS NEUMAN, COREY W 1721 SE 16 AVE SUITE 103 OCALA, FL 344714641	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 4/21/2001 Daytime Phone # (352) 351-9288		

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