


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000092783</b> 1. Entity Name <b>SECURITY FIRST FINANCIAL SERVICES, INC.</b>	
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Principal Place of Business <b>1715 N. WESTSHORE BLVD., STE. 990 TAMPA, FL 33607</b>	Mailing Address <b>7360 BRYAN DAIRY RD SUITE 200 LARGO, FL 33777</b>
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**DO NOT WRITE IN THIS SPACE**

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0968385</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LAJOIE, JOHN 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308</b>
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IN THIS SPACE**

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 rehashing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONWAY, MICHAEL 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LAJOIE, JOHN 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GARRITY, RYAN 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GALLAWAY, JIM 7360 BRYAN DAIRY RD. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAMPERLENGO, FRANK 7360 BRYAN DAIRY RD. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LA ROSA, MICHAEL 7360 BRYAN DAIRY RD. LARGO, FL 33777

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04/27/05-80147-008 150.00

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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(9)(f), 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: Michael La Rosa, as VP 4/21/05 727-549-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #