

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90141 001 \*\*\*150.00  
03-29-2006 90141 002 \*\*\*\*\*8.75

**66007479**



03202006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # S83506</b> 1. Entity Name <b>FULL SERVICE MORTGAGE CORPORATION</b>					
Principal Place of Business <b>1514 BAVON DR DELTONA, FL 32725 US</b>			Mailing Address <b>1514 BAVON DR DELTONA, FL 32725 US</b>		
2. Principal Place of Business <b>SAME AS ABOVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>SAME AS ABOVE</b> <small>Suite, Apt. #, etc.</small>			
City & State 		City & State 		4. FEI Number <b>59-3093557</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, CASILDA 1514 BAVON DR DELTONA, FL 32725</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FERNANDEZ, CASILDA</b> <b>1514 BAVON DR.</b> <b>DELTONA, FL 32725</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SANCHEZ CASILDA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1514 BAVON DR.</b> <b>DELTONA, FL 32725</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>FERNANDEZ, GUILLERMO J.</b> <b>1320 N SEMORAN BLVD, STE 200</b> <b>ORLANDO, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SANCHEZ CASILDA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1514 BAVON DR.</b> <b>DELTONA, FL 32725</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Casilda Sanchez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/20/06</u> <small>Date</small>		
<small>Daytime Phone #</small>					