

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027900

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: SECURITY ONE MORTGAGE CORP.

**Current Principal Place of Business:**

1300 BARNWOOD PL  
APOPKA, FL 32712

**New Principal Place of Business:**

1051 WINDERELY PLACE  
206  
MAITLAND, FL 32751

**Current Mailing Address:**

1300 BARNWOOD PL  
APOPKA, FL 32712

**New Mailing Address:**

1051 WINDERELY PLACE  
206  
MAITLAND, FL 32751

FEI Number: 30-2166693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, VALERIE A  
1300 BARNWOOD PL  
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, VALERIE A  
Address: 414 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

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

Title: P (X) Change ( ) Addition  
Name: JONES, VALERIE A  
Address: 1300 BARNWOOD PLACE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VALERIE A JONES

P

04/26/2004

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

\_\_\_\_\_ Date