

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027900

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SECURITY ONE MORTGAGE CORP.

**Current Principal Place of Business:**

1051 WINDERLEY PLACE  
100  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1051 WINDERLEY PLACE  
100  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 35-2166693      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: 1300 BARNWOOD PLACE  
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete  
Name: DENISE, VANPELT  
Address: 872 SHELL LANE  
City-St-Zip: LONGWOOD, FL 32750

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date