2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90007 022 ***150.00

DOCUMENT # 570261

1. Entity Name
FIRST COMMERCIAL CREDIT CORPORATION

Principal Place of Business	Mailing Address
412 N.E. 16TH AVENUE GAINESVILLE, FL 32601	412 N.E. 16TH AVENUE GAINESVILLE, FL 32601

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01092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4127 NW 27th Ln.	PO Box 358567
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Gainesville Fl	City & State Gainesville Fl
Zip 32606 Country USA	Zip 32635 Country USA

4. FEI Number 59-1851695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, DENNIS G.
412 N.E. 16TH AVE, SUITE 130
GAINESVILLE, FL

7. Name and Address of New Registered Agent

Name Lee, Dennis D.
Street Address (P.O. Box Number is Not Acceptable)
4127 NW 27th Ln, Suite A
City Gainesville FL Zip Code 32606

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 Dennis G. Lee Dennis G. Lee 1/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	T WETZEL, CLAUDIA 412 N.E. 16TH AVE #130 GAINESVILLE, FL	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Claudia Wetzel 4127 NW 27th Ln, Suite A Gainesville Fl 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS LEE, DENNIS G. 412 N.E. 16TH AVE #130 GAINESVILLE, FL	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Dennis D. Lee 4127 NW 27th Ln, Suite A Gainesville Fl 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS DAVIES, LISA 412 N.E. 16TH AVE.#275 GAINESVILLE, FL	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS Lisa Davies 4127 NW 27th Ln, Suite A Gainesville Fl 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS LEE, CARIDAD 412 N.E. 16TH AVE. #130 GAINESVILLE, FL	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS. Caridad Lee 4127 NW 27th Ln, Suite A Gainesville, Fl 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Dennis G. Lee Dennis G. Lee 1/29/04 352-334-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #