


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90023 042 ***158.75

DOCUMENT # F06000006971	
1. Entity Name FIRST CHOICE SEARCH & ABSTRACT, INC.	

Principal Place of Business 1228 RADCLIFFE ST BRISTOL, PA 19007	Mailing Address 1228 RADCLIFFE ST BRISTOL, PA 19007
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3116720	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PK DR STE 4 WESTON, FL 33331	DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT LINDNER, MARTHA F 866 CLAY AVE LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCDV S LINDNER, FRANK B 866 CLAY AVE 9 Hopewell Lane LANGHORNE, PA 19047 Hulmeville PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDNER, FRANK B 866 CLAY AVE LANGHORNE, PA 19047
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Marta F Lindner* *President* Date: 1-29-07 Daytime Phone #: 215-826-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR