## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000000998

Title:

Name:

Address:

City-St-Zip:

Name:

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LIVINGSTON, JEFFREY C

845 PECK BETTS ROAD

BOYETT, BETTY A

ATTAPULGAS, GA

QUINCY, FL 32352

P.O. BOX 221

FILED Feb 24, 2006 Secretary of State

Entity Nar	ne: FIRST C	COMMUN	NICATIONS, INC.					
Current Principal Place of Business:				New Pr	New Principal Place of Business:			
	NTSTOWN H SSEE, FL 323		S					
Current Mailing Address:				New Ma	New Mailing Address:			
PO BOX 22 TALLAHAS	234 SSEE, FL 323	316 U	S					
FEI Number:	59-3133880	FEIN	umber Applied For()	FEI Number Not A	Applicable ( )	Certificate of Status Desire	ed (X)	
Name and Address of Current Registered Agent:				Name a	Name and Address of New Registered Agent:			
	/, T M LES RIDGE D SSEE, FL 323		S					
	named entity e of Florida.	submits	this statement for the pu	rpose of changir	ng its registere	d office or registered agent,	or both,	
SIGNATUR	RE:							
	Electro	onic Sign	ature of Registered Ager	nt		Date		
Election Can	npaign Financir	ng Trust F	und Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCD ( LIVINGSTON, 1906 SHERM/ CAIRO, GA 3	AN RD	C JR.	Title: Name: Address: City-St-Zi	487 CARRII	(X) Change ( ) Addition N, CHARLES C JR. NGTON CR. LE, GA 31728		
Title: Name: Address: City-St-Zip:	STD ( SWEENEY, TI 8981 EAGLES TALLAHASSE	S RIDGE D		Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition		
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I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: TRACY MICHELLE SWEENEY ST 02/24/2006

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