


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 026 ***150.00

DOCUMENT # P0000093721
 1. Entity Name
FIRST CHOICE ELECTROSTATIC, INC.



Principal Place of Business Mailing Address
 11406 WESTON POINTE DR . PO BOX 835
 APT 103 BRANDON FL 33509-0835
 BRANDON FL 33511

94008163



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
11406 Weston Pointe Dr
Apt. 103

3. Mailing Address Suite, Apt. #, etc.
P.O. Box 835

City & State *Brandon FL* City & State *Brandon, FL*

4. FEI Number **59-3657817** Applied For
 Not Applicable

Zip *33511* Country *Hillsborough* Zip *33509* Country *Hillsborough*

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

6. Name and Address of Current Registered Agent
FLANICK, JOE
 9302 E. MARTIN LUTHER KING BLVD., #1214
 TAMPA FL 33610

7. Name and Address of New Registered Agent
 Name *Joseph Flanick*
 Street Address (P.O. Box Number is Not Acceptable)
11406 Weston Pointe Dr
Apt. 103
 City *Brandon* **FL** Zip Code *33511*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FLANICK, JOE	
STREET ADDRESS	11406 WESTON POINTE DR APT 103	
CITY-ST-ZIP	BRANDON FL 33509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joseph Flanick* 1-26-04 813-635-0055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #