


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90038 032 ***150.00

DOCUMENT # P0000093721			
1. Entity Name FIRST CHOICE ELECTROSTATIC, INC.			
Principal Place of Business 11406 WESTON POINTE DR APT 103 BRANDON, FL 33511		Mailing Address PO BOX 835 BRANDON, FL 33509-0835	
2. Principal Place of Business - No P.O. Box # 602 Cape Cod CR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valrico, Fl.		City & State	
Zip 33594	Country Hillsborough	Zip	Country
6. Name and Address of Current Registered Agent FLANICK, JOSEPH 11406 WESTON POINTE DR. #103 BRANDON, FL 33511		7. Name and Address of New Registered Agent Name: <u>Flanick, Joseph</u> Street Address (P.O. Box Number is Not Acceptable): <u>602 Cape Cod CR</u> City: <u>Valrico</u> FL Zip Code: <u>33594</u>	
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: <u>Joseph E. Phil</u> (NOTE: Registered Agent signature required when re-registering) DATE: _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANICK, JOE 11406 WESTON POINTE DR APT 103 BRANDON, FL 33509 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joseph E. Phil</u>		Date: <u>1-6-07</u>	Daytime Phone #: <u>813-635-0055</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #