

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

8/16/2004 90013-005-S150.10-S150.00

1 of 2

DOCUMENT # P01000000619



1. Entity Name
FIRST PLACE, INC.

04 OCT 29 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15153 SPRINGVIEW
TAMPA, FL 33624

Mailing Address
15153 SPRINGVIEW
TAMPA, FL 33624

REINSTATEMENT 09



07282004 No Chg-P CR2E 034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1607059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPADAKIS, DORA
15153 SPRINGVIEW
TAMPA, FL 33624.

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.10
Due by September 8, 2004

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

In accordance with s. 617.103(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PAPADAKIS, DORA 15153 SPRINGVIEW TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPADAKIS, DORA 15153 SPRINGVIEW TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 affidavit, with all other life empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04 813-935-1372

Date Page 2

2 of 2

FILED

04 OCT 29 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

First Place, Inc.
Lincoln Garden Cafe
06-1607059

To whom it may concern,

After receiving your letter, on August 18, 2004, I called and spoke to agent and I was told to download the form with no changes, sign it, and ~~en~~ enclose a letter and mail it, which I did. I know it was around the time that we got hit with the hurricanes, and it apparently never got to you. This is what I was told when I spoke to someone on October 22. Payment was made when the original form was sent. Check # 1848 in the amount of \$150.00.

I would appreciate your help in this matter. If you have any questions please call me at 813-935-7872

Dora Papadakis (Pres)