

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 003 ***158.75



DOCUMENT # P06000122689

1. Entity Name
1ST FRIENDLY FINANCIAL INC.

Principal Place of Business
**12340 HINDMARSH CIRCLE
 JACKSONVILLE, FL 32225**

Mailing Address
**12340 HINDMARSH CIRCLE
 JACKSONVILLE, FL 32225**

40039914



2. Principal Place of Business - No P.O. Box #
301 W. Bay St
 Suite/Apt. #, etc.
2310

3. Mailing Address
301 W. Bay St
 Suite/Apt. #, etc.
2310

03202007 Chg-P CR2E034 (12/06)

City & State
JACKSONVILLE FL.

City & State
JACKSONVILLE FL.

4. FEI Number
14-1977026
 Applied For
 Not Applicable

Zip Country
32202 DUVAL

Zip Country
32202 DUVAL

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

6. Name and Address of Current Registered Agent
**SMITH, STANLEY C
 12340 HINDMARSH CIRCLE
 JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent
 Name **STANLEY C. SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
5024 CAPE ROMAIN CT.
 City **JACKSONVILLE** FL Zip Code **32277**

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 *Stanley C. Smith*

DATE **3-20-07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, STANLEY C 12340 HINDMARSH CIRCLE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CRAIG L 12340 HINDMARSH CIRCLE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CLARK D 1020 WORCESTER AVE PASADENA, CA 91104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LELAND P 2217 5TH AVENUE, APT 1 LOS ANGELES, CA 90018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DWIGHT 2850 MAINE AVE, APT 1 LOS ANGELESE, CA 90018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SMITH STANLEY C 5024 CAPE ROMAIN CT JACKSONVILLE FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE: *Stanley C. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-20-07**
 DATE

Daytime Phone #