2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2004 8:00 am Secretary of State

DOCUMENT # V19877 1. Entity Name FIRST CITIZENS FACILITIES COMPANY, INC.				07-16-2004 90002 021 ***550.00			
Principal Place of Business 2211 OKEECHOBEE ROAD FT. PIERCE, FL 34950-6552 US Mailing Address 2211 OKEECHOBEE ROAD FT. PIERCE, FL 34950-6552				TIUIUUU			
Principal Place of Business 3. Mailing Address			\C				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			06142004	Chg-P	CR2E034 (10/03)	
City & State	City & State FT PIERC	E, FL		4. FEI Numbe 65-032			oplied For of Applicable
Zip Country	^{Zip} 34982	Country	}		of Status Desired	S8.75 Address Require	
6. Name and Address of Current f	Registered Agent	Name		7. Name and	Address of New R	egistered Agent	
POLACKWICH, ALAN S., SR. 2770 INDIAN RIVER BLVD. SUITE 501			Street Address (P.O. Box Number is Not Acceptable)				
VERO BEACH, FL 32960		City		0		FL Zip Coo	le
	\		<u> </u>	BEACH	<u> </u>	320	いいひ
The above named entity submits this efatement for the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent a		egistered office of				DATE	and accept
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaig Trust Fund Contrib			.00 May Be ed to Fees			
10. OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTOR	S IN 11
TITLE PD	☐ Delete	TITLE	VP.	$^{\prime}\mathcal{D}$	-	☐ Change	Addition
SMITH, VERNON D STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL		NAME STREET ADDRESS CHY-ST-ZIP	2211	PIESCE PIESCE PIESCE	DDY M. 08EE RD FL 34950		•
TITLE STD NAME BROWN, TIM E STREET ADDRESS 2211 OKEECHOBEE RD CITY-ST-ZIP FORT PIERCE, FL 34950	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		140 07/04		☐ Change	Addition

2. I nereby certify that the information stated in North Research Section 118.07(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 anofficer 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: VERNON D. SOUTH SIGNING OFFICER OR DIRECTOR

6-2404 772-466-1200