


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90056 040 ***150.00

DOCUMENT # V19877 1. Entity Name FIRST CITIZENS FACILITIES COMPANY, INC.	
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Principal Place of Business 2211 OKEECHOBEE ROAD FT. PIERCE, FL 34950-6552 US	Mailing Address ATTN: ACCOUNTING 2810 S. U.S. 1 FORT PIERCE, FL 34982 US
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0327205	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLACKWICH, ALAN S., SR.
4100-20TH ST
VERO BEACH, FL 32960

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD SMITH, VERNON D 221 OKEECHOBEE RD. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, TIM E 2211 OKEECHOBEE RD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROBBINS, CINDY M 2211 OKEECHOBEE ROAD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Tim E. Brown Date: 2/9/2006 Daytime Phone #: 772 466 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR