

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114360

FILED
Jul 07, 2004
Secretary of State

Entity Name: FIRST CHOICE THIRD PARTY SERVICES AND CRATING SOLUTIONS, INC.

Current Principal Place of Business:

907 EGAN DRIVE
ORLANDO, FL 32822 US

New Principal Place of Business:

4638 SADDLE CREEK PL.
ORLANDO, FL 32829 US

Current Mailing Address:

1517 E HILLCREST STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3655214 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: RUPPRATH, ROLF T
Address: 907 EGAN DRIVE
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: RUPPRATH, ROLF T
Address: 4638 SADDLE CREEK PL.
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLF T. RUPPRATH

P/D

07/07/2004

Electronic Signature of Signing Officer or Director

_____ Date