

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J40521

Entity Name: F.I.R.S.T. SERVICES, CORP. OF ORLANDO**Current Principal Place of Business:**4648 OLD WINTER GARDEN RD
ORLANDO, FL 32811**Current Mailing Address:**4648 OLD WINTER GARDEN RD
ORLANDO, FL 32811**FEI Number:** 59-2715729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEMOINE, LEIGH
4648 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	KRONGELB, BRUCE L
Address	621 TORGIANO DRIVE
City-State-Zip:	OCOE FL 34761

Title	VP
Name	LEMOINE, LEIGH A
Address	14336 SUNBRIDGE CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787

Title	SECRETARY
Name	LEMOINE, LEIGH A
Address	14336 SUNBRIDGE CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787

Title	TREASURER
Name	LEMOINE, DWAYNE
Address	14336 SUNBRIDGE CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787

Title	CFO
Name	LEMOINE, LEIGH
Address	14336 SUNBRIDGE CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787

Title	CEO
Name	KRONGELB, BRUCE
Address	621 TORGIANO DRIVE
City-State-Zip:	OCOE FL 34761

I hereby 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 all other like empowered.

SIGNATURE: LEIGH LEMOINE**VICE PRESIDENT****03/04/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date