


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90181 040 ***150.00

DOCUMENT # 129561	
1. Entity Name FIRST OF FLORIDA CORPORATION	

Principal Place of Business 100 SE 2 ST SUITE 2370 MIAMI FL 33131 US	Mailing Address 100 SE 2 ST SUITE 2370 MIAMI FL 33131 US
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94069561



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0242625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICKARD, BARBARA A 100 SE 2 ST SUITE 2370 MIAMI FL 33131-2145
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7. Name and Address of New Registered Agent	
Name JOELLE M. ALLEN	
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street	
Suite Suite 2370	
City Miami	FL Zip Code 33131

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 Joelle M. Allen **Joelle M. Allen, Executive Director** **04/23/04**
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PTDM	<input type="checkbox"/> Delete
NAME RICKARD, B A	
STREET ADDRESS 100 SE 2 ST	
CITY-ST-ZIP MIAMI FL 33131	
TITLE VD	<input type="checkbox"/> Delete
NAME POST, THOMAS E	
STREET ADDRESS 140 NE 8TH STREET	
CITY-ST-ZIP MIAMI FL 33132	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME HOUGHTON, PETER E	
STREET ADDRESS 6520 SW 104 ST	
CITY-ST-ZIP MIAMI FL 33156	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/T/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICKARD, Barbara A	
STREET ADDRESS 100 S.E. 2nd St., Suite 2370	
CITY-ST-ZIP Miami, Florida 33131-2127	
TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Post, Thomas R	
STREET ADDRESS 100 S.E. 2nd St., Suite 2370	
CITY-ST-ZIP Miami, Florida 33131-2127	
TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Reiter-Faragalli, Robin	
STREET ADDRESS 100 S.E. 2nd St., Suite 2370	
CITY-ST-ZIP Miami, Florida 33131-2127	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Robin Reiter-Faragalli **Robin Reiter-Faragalli** **04/23/04** **(305) 373-1386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #