


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 449009 1. Entity Name THE FIRST GAINESVILLE CORPORATION	
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Principal Place of Business 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653 US	Mailing Address P.O. BOX 5278 GAINESVILLE, FL 32602-5278 US
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1691202	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent CRUTCHER, KEITH A 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000137157 04/29/04-80029-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C O'NEIL, DENNIS R 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CARPENTER, RONALD 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MALLINI, THOMAS G 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u><i>T. Mallini</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/12/04</u> <u>352 3764939</u> <small>Date Daytime Phone #</small>