

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 618633**

1. Entity Name  
**FIRST NATIONAL HOLDING CORPORATION**



Principal Place of Business  
**1800 NORTHEAST 114TH STREET, APT #809  
MIAMI, FL 33181 US**

Mailing Address  
**1800 NORTHEAST 114TH STREET, APT #809  
MIAMI, FL 33181 US**



03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-1206871**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROTH, KENNETH W  
1800 NORTHEAST 114TH STREET, APT #809  
MIAMI, FL 33181**

**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 \_\_\_\_\_

Signature board printed name of agent, agent and the corporation.

Printed Registered Agent's signature (required for the filing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
ROTH, KENNETH W  
1800 NORTHEAST 114TH STREET, APT #809  
MIAMI, FL 33181**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**SD  
ROTH, CARLA S.  
1800 NORTHEAST 114TH STREET, APT #809  
MIAMI, FL 33181**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

000000270176  
03/19/05-80040-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another who is empowered.

**SIGNATURE:**

*Kenneth W. Roth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH W. ROTH**

**3/17/05 305-872-8402**  
DATE OF FILING