


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000002590  
 1. Entity Name  
**FIRST PACIFIC FINANCIAL, INC.**



Principal Place of Business      Mailing Address  
 4 HUTTON CENTRE DRIVE, SUITE 500      4 HUTTON CENTRE DRIVE, SUITE 500  
 SANTA ANA, CA 92707      SANTA ANA, CA 92707

**DO NOT WRITE IN THIS SPACE**



03082004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 33-0051773      Not Applicable

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

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

000000087023  
 03/12/04-80046-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEARNS, GLENN B 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LE, KATHERINE 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TELLES, ROBERT 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEARNS, GLENN 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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)(f), 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: R. T. W. Teas      March 11, 2004      714-512-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #