

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90062 007 \*\*\*150.00

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<b>DOCUMENT # F93000004981</b> 1. Entity Name <b>FIRSTCOLLECT, INC.</b>					
Principal Place of Business <b>100 SPARKS VALLEY RD SUITE D SPARKS, MD 21152 US</b>				Mailing Address <del>100 SPARKS VALLEY RD</del> <del>SUITE D</del> <del>SPARKS, MD 21152 US</del>	
2. Principal Place of Business		3. Mailing Address <b>818 N. A1A</b> Suite Apt. #, etc. <b>Suite 105</b>			
Suite, Apt. #, etc.		City & State <b>Ponte Vedra Beach, FL</b>		4. FEI Number <b>56-1761493</b>	
City & State		Zip <b>32082</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GAINES, EDWARD R</b> <b>3114 CROASDALE DRIVE</b> <b>DURHAM, NC 27715</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, ELIZABETH</b> <b>100 SPARKS VALLET RD, SUITE D</b> <b>SPARKS, MD 21152</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FELDSTEIN, DAVID</b> <b>100 SPARKS VALLEY RD, SUITE D</b> <b>SPARKS, MD 21152</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>VANDEBILT, G. A</b> <b>100 SPARKS VALLEY RD, SUITE D</b> <b>SPARKS, MD 21152</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SMITH, ALLEN</b> <b>818 NORTH HIGHWAY A1A STE. 105</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>Allen Smith</b> <b>3/23/05</b> <b>(904) 285-5828</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		