


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000004981	
1. Entity Name FIRSTCOLLECT, INC.	

Principal Place of Business 100 SPARKS VALLEY RD SUITE D SPARKS, MD 21152 US	Mailing Address 818 N A1A STE 304 PONTE VEDRA BEACH, FL 32082 US
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04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1761493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	AS GAINES, EDWARD R 3114 CROASDALE DRIVE DURHAM, NC 27715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ELIZABETH 100 SPARKS VALLEY RD, SUITE D SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELDSTEIN, DAVID 100 SPARKS VALLEY RD, SUITE D SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERBILT, G. A 100 SPARKS VALLEY RD, SUITE D SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMITH, ALLEN 818 N HWY A1A, STE 304 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000746430
05/16/07-80067-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #