

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001794

FILED
Apr 27, 2004
Secretary of State

Entity Name: FIRST CENTRAL INVESTMENT CORP.

Current Principal Place of Business:

FIRST CENTRAL INVESTMENT CORP.
830 ESTERO BLVD.
FT. MYERS BEACH, FL 33832

New Principal Place of Business:

Current Mailing Address:

FIRST CENTRAL INVESTMENT CORP.
830 ESTERO BLVD.
FT. MYERS BEACH, FL 33832

New Mailing Address:

FEI Number: 38-1846810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAX, LAWRENCE
830 ESTERO BLVD
FT MYERS BEACH, FL 33832 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: YAX, LAWRENCE
Address: P.O. BOX 6787 N/A
City-St-Zip: FT. MYERS BEACH, FL 33932

Title: CST () Delete
Name: YAX, BETTY LOU
Address: P.O. BOX 6787 N/A
City-St-Zip: FT. MYERS BEACH, FL 33932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE YAX

CP

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date