

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001794

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: FIRST CENTRAL INVESTMENT CORP.

**Current Principal Place of Business:**

FIRST CENTRAL INVESTMENT CORP.  
830 ESTERO BLVD.  
FORT MYERS BEACH, FL 339312110

**New Principal Place of Business:**

**Current Mailing Address:**

FIRST CENTRAL INVESTMENT CORP.  
830 ESTERO BLVD.  
FORT MYERS BEACH, FL 339312110

**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 A  
830 ESTERO BLVD  
FORT MYERS BEACH, FL 339312110 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 A  
Address: 830 ESTERO BLVD.  
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: CST ( ) Delete  
Name: YAX, BETTY LOU  
Address: 830 ESTERO BLVD.  
City-St-Zip: FT. MYERS BEACH, FL 33931

**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 exemption stated 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 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: MAUREEN G. GOSLEE

RA

03/18/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date