


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H36917</b>	
1. Entity Name <b>FIRST U.S. FINANCIAL SERVICES, INC.</b>	

Principal Place of Business <b>728 FENTRESS BLVD DAYTONA BEACH FL 32114 US</b>	Mailing Address <b>728 FENTRESS BLVD DAYTONA BEACH FL 32114 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>59-2478840</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ALTES, HARVEY C. 728 FENTRESS BLVD DAYTONA BEACH FL 32114</b>	
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>ALTES, HARVEY C.</b>
STREET ADDRESS	<b>728 FENTRESS</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>ALTES, MICHAEL A.</b>
STREET ADDRESS	<b>1390 BELVEDERE AVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SQUIRES, MARGARET A.</b>
STREET ADDRESS	<b>728 FENTRESS</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>ALTES, J. PATRICK</b>
STREET ADDRESS	<b>728 FENTRESS</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>000000072611</b>
CITY - ST - ZIP	<b>03/02/04-80002-003 150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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.

SIGNATURE: Harvey C. Altas HARVEY C ALTES 2-26-2004 386-274-4210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #