


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H36917 1. Entity Name FIRST U.S. FINANCIAL SERVICES, INC.	
--	---

Principal Place of Business 728 FENTRESS BLVD DAYTONA BEACH, FL 32114 US	Mailing Address 728 FENTRESS BLVD DAYTONA BEACH, FL 32114 US
--	--



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2478840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALTES, HARVEY C.
728 FENTRESS BLVD
DAYTONA BEACH, FL 32114**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	ALTES, HARVEY C.
NAME	
STREET ADDRESS	728 FENTRESS
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE D	ALTES, MICHAEL A.
NAME	
STREET ADDRESS	1390 BELVEDERE AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE D	SQUIRES, MARGARET A.
NAME	
STREET ADDRESS	728 FENTRESS
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE D	ALTES, J. PATRICK
NAME	
STREET ADDRESS	728 FENTRESS
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000211989
02/03/05-80011-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-1-05
Date

386-274-4210
Daytime Phone #