

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90390 037 ***150.00

DOCUMENT # J44270 1. Entity Name FIRST CHOICE MANAGEMENT CORPORATION			
Principal Place of Business 4174 WOOLANDS PKWY. #106 PALM HARBOR, FL 34685 US		Mailing Address 4174 WOOLANDS PKWY. #106 PALM HARBOR, FL 34685 US	
2. Principal Place of Business 4174 WOOLANDS PKWY Suite, Apt. #, etc.		3. Mailing Address 4174 WOOLANDS PKWY. Suite, Apt. #, etc.	
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL	
Zip 34685	Country U.S.A.	Zip 34685	Country U.S.A.
4. FEI Number 59-3152920		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 NOLAN, JAMES 4856 WESTCHESTER CT OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name JAMES M. NOLAN, JR. Street Address (P.O. Box Number is Not Acceptable) 4174 WOOLANDS PKWY. City PALM HARBOR FL Zip Code 34685	
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 JAMES M. NOLAN, JR. DATE 4-13-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, MARGARET M. 4856 WESTCHESTER CT OLDSMAR, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOLAN, JAMES M 778 CYPRESS TRAIL DR. TARPOON SPRINGS, FL 34688	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JAMES M. NOLAN, JR. 4174 WOOLANDS PKWY. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MARGARET M. NOLAN		Date 4/13/05 Daytime Phone # 785-8887	