

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J44270**

1. Entity Name  
**FIRST CHOICE MANAGEMENT CORPORATION**



Principal Place of Business  
**4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685 US**

Mailing Address  
**4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685 US**

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3152920**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NOLAN, JAMES M JR  
4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685**

**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, 2007 Fee will be \$550.00**

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

U00000696340

04/17/07-80097-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	NOLAN, MARGARET M.
STREET ADDRESS	4856 WESTCHESTER CT
CITY- ST- ZIP	OLDSMAR, FL
TITLE	DVP
NAME	NOLAN, JAMES M JR
STREET ADDRESS	4174 WOODLANDS PKWY
CITY- ST- ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*  
**MARGARET M. NOLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/07*

Date

*727*  
*785-8887*

Daytime Phone #