

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90010 010 ***150.00

DOCUMENT # L72732 1. Entity Name FIRST HOLDING & INVESTMENT, INC.			
Principal Place of Business 2875 PENNSYLVANIA ST MELBOURNE, FL 32904 US		Mailing Address 2875 PENNSYLVANIA ST MELBOURNE, FL 32904 US	
2. Principal Place of Business 125 Macaw Lane		3. Mailing Address 125 Macaw Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Merritt Island, FL		City & State Merritt Island, FL	
Zip 32952		Zip 32952	
Country		Country	
4. FEI Number 65-0199788		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRSCH, HEINZ 2875 PENNSYLVANIA ST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Hirsch, Heinz Street Address (P.O. Box Number is Not Acceptable) 125 Macaw Lane City & State Merritt Island FL Zip 32952	
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: <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 PD NAME HIRSCH, HEINZ STREET ADDRESS 2875 PENNSYLVANIA STREET CITY-ST-ZIP MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE PD NAME Hirsch, Heinz STREET ADDRESS 125 Macaw Lane CITY-ST-ZIP Merritt Island, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME GARCIA, SUSAN M STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 606 CITY-ST-ZIP CORAL GABLES, FL 33136	<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
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:		Date: JAN. 11. 05 - 3217222270 Daytime Phone #	

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