From:STEPHEN E. TILLEY, CPA, PA 904 730 7090 0

5/18/2005-90026-050-$150.00-$150.00

FILED

05 JUN -8 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000018738

1. Entity Name

First Choice Supply, Inc

Principal Place of Business | Mailing Address

2. Principal Place of Business: 540 Lane Ave N. Suite, Apt. #, etc.
City & State: Jax, Fl
Zip: 32254 County: Duval

3. Mailing Address: Same Suite, Apt. #, etc.
City & State
Zip Country

[redacted]

04262005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3619190 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARY L TAYLOR

7. Name and Address of New Registered Agent

Name: MARY L TAYLOR
Street Address (P.O. Box Number is Not Acceptable): 3607 SCHEFFLERA RD.
City: TAMPA FL Zip Code: 33618

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Owner James P. Romeka 1041 Formeadow Tr Middleburg, FL 32068	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Gilbert L. Raven 6410 Chisholm T Macclenny, FL 32063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 blanks like empowered.

SIGNATURE: Pres. 4/29/05 904-781-0081
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #