

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047883

FILED
Apr 30, 2009
Secretary of State

Entity Name: FIRST FAMILY FINANCE, INC.

Current Principal Place of Business:

1642 MEDICAL LANE
A
FORT MYERS, FL 33908

Current Mailing Address:

P.O. BOX 08012
FORT MYERS, FL 33908

New Principal Place of Business:

1642 MEDICAL LANE
A
FORT MYERS, FL 33907

New Mailing Address:

1642 MEDICAL LANE
A
FORT MYERS, FL 33907

FEI Number: 59-3650708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTMAN, LARRY L
6051 ESTERO BLVD.
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

PITTMAN, LARRY L
6231 ESTERO BLVD.
308
FORT MYERS BEACH, FL 33931 US

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.

SIGNATURE: _____

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEEL, DENISE
Address: P.O. BOX 08012
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEEL, DENISE
Address: 1642 MEDICAL LANE SUITE A
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE NEEL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date