2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000058926

1. Entity Name
1ST CHOICE REALTY AND BUILDERS, INC.

Principal Place of Business	Mailing Address
7394 W. GULF TO LAKE HIGHWAY CRYSTAL RIVER, FL 34429	7394 W. GULF TO LAKE HIGHWAY CRYSTAL RIVER, FL 34429

03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654703
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEEKS, MARRON D
1203 S.E. 4TH AVENUE
CRYSTAL RIVER, FL 34429

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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

000000300216
04/12/05-80011-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	WEEKS, MARRON
STREET ADDRESS	1203 S.E. 4TH AVENUE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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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.

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SIGNATURE: Marron Weeks 4-11-05 794-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #