

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091973

FILED
May 13, 2007
Secretary of State

Entity Name: FLORIDA FINANCIAL SERVICES OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4614 5TH AVE. S.
ST. PETERSBURG, FL 33711

New Principal Place of Business:

215 49TH ST. S.
ST. PETERSBURG, FL 33707 US

Current Mailing Address:

4614 5TH AVE. S.
ST. PETERSBURG, FL 33711

New Mailing Address:

215 49TH ST. S.
ST. PETERSBURG, FL 33707 US

FEI Number: 59-3749170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN M
4614 5TH AVE. S.
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

SMITH, BRIAN M
215 49TH ST. S.
ST. PETERSBURG, FL 33707 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: BRIAN M. SMITH

05/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, BRIAN M
Address: 4614 5TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, BRIAN M
Address: 215 49TH ST. S.
City-St-Zip: SAINT PETERSBURG, FL 33707 US

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: BRIAN M. SMITH

P

05/13/2007

Electronic Signature of Signing Officer or Director

Date