## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000104833

Entity Name: FIRST CHOICE FINANCIAL MORTGAGE, INC.

**FILED** Nov 03, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4125 SW MARTIN HWY., SUITE 8 1898 CEDAR SPUR STREET

PALM CITY, FL 34990 TYLER, TX 75703

**Current Mailing Address: New Mailing Address:** 

4125 SW MARTIN HWY., SUITE 8 1898 CEDAR SPUR STREET

PALM CITY, FL 34990 TYLER, TX 75703

FEI Number: 65-1153950 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TURNER, OTHEL 5787 W SUNRISE BLVD. PLANTATION, FL 33313 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: OTHEL TURNER

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Title: PDS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDS ( ) Delete (X) Change ( ) Addition MUNCIE, MILDRED K Name: Name: MUNCIE, MILDRED K 3525 SW ASPEN PLACE 1898 CEDAR SPUR STREET Address: Address:

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: TYLER, TX 75703

Title: **VPDT** (X) Delete Title: () Change () Addition

Name: MUNCIE, JAMES W. Name: 3525 SW ASPEN PLACE Address: Address: PALM CITY, FL 34990 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MILDRED K. MUNCIE **PDS** 11/03/2005