

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90028 013 ***150.00

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1. Entity Name

FIRST FLORIDA COMMERCIAL REAL ESTATE
SERVICES, INC.



Principal Place of Business

2860 MARINA MILE BLVD
SUITE 1103

FORT LAUDERDALE, FL 33312 US

Mailing Address

2860 MARINA MILE BLVD
SUITE 116, PNR 2AD
FORT LAUDERDALE, FL 33312 US

400000013



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-4251343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANSFIELD, RAYMOND D
400 SANTA CLARA TRAIL
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
MANSFIELD, RAYMOND D
STREET ADDRESS
400 SANTA CLARA TRAIL
CITY-STATE-ZIP
WELLINGTON, FL 33414

TITLE
NAME
D
BIGGER, WILLIAM B III
STREET ADDRESS
P.O. BOX 280
CITY-STATE-ZIP
FT. LAUDERDALE, FL 33302

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Mansfield, Pres.

Date

Daytime Phone #

3/28/08

(954) 791-9666