2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90058 024 ***150.00

DOCUMENT # P02000039901

1. Entity Name
FIRST COMPANY, INC.

Principal Place of Business	Mailing Address
622 SUMMIT ST EUSTIS, FL 32726	622 SUMMIT ST EUSTIS, FL 32726

01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9102 N. Golfview Drive		9102 N. Golfview Drive	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: Citrus Springs, FL.		City & State: Citrus Springs, FL.	
Zip: 34434	Country: U.S.A.	Zip: 34434	Country: U.S.A.

4. FEI Number 47-0860830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CATALANO, MAGDALENA 622 SUMMIT ST EUSTIS, FL 32726	Name: CATALANO, MAGDALENA Street Address (P.O. Box Number is Not Acceptable): 9102 N. Golfview Drive City: Citrus Springs FL Zip Code: 34434

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: Magdalena Catalano — February 2, 2004
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CATALANO, MADELINE 622 SUMMITT ST EUSTIS, FL 32726	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CATALANO, MAGDALENA 9102 N. Golfview Drive Citrus Springs, FL. 34434	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Magdalena Catalano (MAGDALENA CATALANO) 2/2/04 (352)465-7068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #