

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110651

1. Entity Name
FIRST TRUST FINANCIAL SERVICES, INC.



Principal Place of Business
2316 ELIZABETH CT.
NAPLES, FL 34112

Mailing Address
852 FIRST AVE. SOUTH, #103
NAPLES, FL 34102

2. Principal Place of Business
1276 Venetian Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 77-1119
Suite, Apt. #, etc.

City & State
Naples, FL.

City & State
Naples, Florida

Zip
34110

Country
Collier

Zip
34107-1119

Country
Collier

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
37-1452808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KNUDSON, DONALD F
2316 ELIZABETH CT.
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name
Christopher E. Mast
Street Address (P.O. Box Number is Not Acceptable)
1059 5th Avenue North
City
Naples FL Zip Code
34102

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 Christopher E. Mast Jan. 7, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNUDSEN, DONALD F 852 FIRST AVE. SOUTH, #103 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director William C. Simpson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/08/04--01017--022 **220.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000026586310 01/08/04--01017--022--**220.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William C. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 04

Date

239/596-0452

Daytime Phone #

FILED

04 JAN 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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