

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000130260 1. Entity Name FIRST AMERICAN ASSET MANAGEMENT, INC.	
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Principal Place of Business 5487 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634	Mailing Address 5487 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3765288	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HODGES, GEOFFREY T 5487 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD MUSOLINO, FRANK 5487 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HODGES, G. TODD 5487 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634
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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

Geoffrey T. Hodges

4/21/06
Date

813-686-777
Daytime Phone #