2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010171

1. Entity Name

FIRST REGENCY OF FLORIDA, INC.



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

CR2E034 (11/05)

Principal Place of Business

15 PARADISE PLAZA #298 SARASOTA, FL 34239 Mailing Address

15 PARADISE PLAZA #298 SARASOTA, FL 34239



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 74-3104886 Not Applicable

5. Certificate of Status Desired

04272006

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARRY A SR

LACKEY, LARRY A SR 15 PARADISE PLAZA #298 SARASOTA, FL 34239

STREET ADDRESS
CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

No Chg-P

		IN THIS SPACE					
	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Flo	orida. 1 am familia	ar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title it	if applicable. (NOTE, Registerex	Agent signature	s required when reinstating)	. <del></del>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	OFFICERS AND DIRECT DPS LACKEY, LARRY A SR 2906 OLD ORCHARD LANE PARRISH, FL 34219  VP KAZWELL, STANLEY J SR. 2395 TAMIAMI TRAIL SUITE 17 PORT CHARLOTTE, FL 33952				05/17/08-	556995 80033-014	i50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

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 gibbs like empowered.