2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
01-23-2004 90020 011 ***150.00

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1. Entity Name
FIRST CHOICE INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
462 KINGSLEY AVE SUITE 101 ORANGE PARK, FL 32073	2141 LOCH RANE BLVD SUITE 130 ORANGE PARK, FL 32073

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2141 Loch Rane Blvd			
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc.	
City & State Orange Park, FL		City & State	
Zip 32073	Country Clay	Zip	Country

4. FEI Number 56-2406458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR
462 KINGSLEY AVE SUITE 101
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name: Jacob, David A
Street Address (P.O. Box Number is Not Acceptable): ~~2141 Loch Rane Blvd~~
Suite 130
City: Orange Park FL Zip Code 32073

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] PRESIDENT 1-20-04
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT David A. Jacob 2141 Loch Rane Blvd Ste 130 Orange Park, FL 32073 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Sandra K Jacob 2141 Loch Rane Blvd Ste 130 Orange Park, FL 32073 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] David Jacob/President 1-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #