

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-15-2005 90094 037 \*\*\*150.00  
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SECRET STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000075169

1. Entity Name  
FIRST APPEARANCE, INC.



Principal Place of Business  
3091 SUMNER WAY  
PALM HARBOR, FL 34684 US

Mailing Address  
3091 SUMNER WAY  
PALM HARBOR, FL 34684 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

232005 Chg-P CR2E034 (10/03)

4. FEI Number

20-1099980

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

ARTZ, TRACY  
3091 SUMNER WAY  
PALM HARBOR, FL 34684

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
D  
ARTZ, TRACY  
3091 SUMNER WAY  
PALM HARBOR, FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/05 727-785-3111