2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000109994

1. Entity Name

FIRST CHOICE FIRST ASSISTANT P.A.



01032007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

CR2E034 (11/05)

Principal Place of Business

Mailing Address

25291 BUNTING CIRCLE LAND O'LAKES, FL 34639

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25291 BUNTING CIRCLE LAND O'LAKES, FL 34639

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No Chg-P

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L	O NO! WALLE !!	ノロ・・	4. FEI Numb		Applied For		
				34-201	2405	Not Applicable	
		•	•	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	itered Agent			 		
SCHINKEL, JEFFREY T			,		NOT WOLT		
25291 BUNTING CIRCLE				. DO	NOT WRIT		
LAND O'LAKES, FL 34639			. ,	IM '	IN THIS SPACE		
				11.4	I HIS SPAC	-	
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8. The above	named entity submits this statement for the p	ourpose of changing its registere	d office or regi	stered agent, or bo	th, in the State of Florida. I ar	n familiar with, and accept	
the obligat	tions of registered agent.		_	_		•	
SIGNATURE.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				int signature required when reinstaking) DATE			
FILE NOWIN FEE IS \$450.00 9. Election Campaign Finan			cina (5.00 May Be			
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees			
10.	OFFICERS AND DIRECTORS				<u>L</u>	, , , , , , , , , , , , , , , , , , , 	
TITLE	Р						
NAME	SCHINKEL, JEFFREY T		**				
STREET ADDRESS	25291 BUNTING CIRCLE			U0000060770	τ. Σ		
CITY-ST-ZIP	LAND O'LAKES, FL 34639				01/31/07-80048	-018 150 OO	
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TITLE			. ,	•	* · · ·	***	

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 eath; 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

STREET ADDRESS City-St-ZIP

GATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

L PRE

1-25-07

Daytime Phone #