

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90067 043 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000145621</b>					
<b>1. Entity Name</b> FLORIDA FIRST FINANCIAL CAPITAL, INC.					
<b>Principal Place of Business</b> 652 BLUEBIRD COURT LAKE MARY FL 32746			<b>Mailing Address</b> 652 BLUEBIRD COURT LAKE MARY FL 32746		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 20-1781063	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JOHNSON, ERIC S 652 BLUEBIRD COURT LAKE MARY FL 32746				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>					
<b>DATE</b> _____					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P	<b>NAME</b> JOHNSON, ERIC S	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 652 BLUEBIRD COURT	<b>STREET ADDRESS</b> 652 BLUEBIRD COURT	<b>CITY - ST - ZIP</b> LAKE MARY FL 32746	<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 
<b>TITLE</b> VP	<b>NAME</b> JOHNSON, DEBORAH J	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 652 BLUEBIRD COURT	<b>STREET ADDRESS</b> 652 BLUEBIRD COURT	<b>CITY - ST - ZIP</b> LAKE MARY FL 32746	<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 
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<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					