## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P04000156939 03-19-2007 90088 030 \*\*\*150.00 1. Entity Name FIRST GLOBAL SERVICES, INC. Principal Place of Business Mailing Address 60024895 21959 US HWY 19 N 21959 US HWY 19 N CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 51-0426826 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Curreni Registered Agent 7. Name and Address of New Registered Agent BEVINS, JAY C Street Address (P.O. Box Number is Not Acceptable) 21959 US HWY 19 N CLEARWATER, FL 33765 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATÉ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F TITLE ☐ Delete ☐ Change ☐ Addition NAME BEVINS, JAY C NAME 7100 ULMERTON RD #2154 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition SCHUERMAN, COREY H NAME NAME 324 N DALE MABRY HWY - STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY - ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition SCHUERMAN, CRAIG NAME 7100 ULMERTON RD #2154 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P

12. Thereby 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 other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

X 03-13-2007 (7271237900)

FILED Mar 19, 2007 8:00 am 5011 02/28/2007 11:45 AM

AI I'ACHMENT # PO4000156 939/600 24895

Jim Smith, CFA			ERTY TAX RETURN	STATE OF FLORIDA
Pinellas County Property Appraiser Tangible Personal Property Dept.			)74 F.S. - 6 103 062 F.S	COUNTY OF
P.O. Box 1957	As Required by § 193.052 & § 193.062 F.S. RETURN TO COUNTY PROPERTY APPRAISER			PINELLAS
Clearwater, FL 33757-1957	BY APRIL 1 TO AVOID PENALTIES			2007
Return Original. No photocopied signatures accepted.	FEDERAL EN	PLOYER IDENTIF	CATION NUMBER SOC	IAL SECURITY NUMBER
DST: CW AREA: 07 SPEC:		51-052682	26 [	
P A	F	rirst Glob	al Services,	Inc.
Jim Smith, CFA Pinellas County Property				
	Appraiser 2	1959 US H	ighway 19 N	
Post Office Box 1957		Clearwater	FL	33765-2359
Clearwater FL 3	3757-1957			
<u> </u> °				
DO NOT DUPLICATE FORM FOR OTHER ACCOUNTS, B	ARCODES ARE ACCOUN	IT SPECIFIC.		
				1
	4:	Acc	ount#: 0805302	2
.	4  <b>8</b>   88       <b>68  6</b>   8  8  <b>6</b>	†	Mailing Convention: Bu	siness Name DBA
			(Doing Business As). T	hen Corporate Name
THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECOR	RDS KEPT BY YOU. INCO	MPLETE ENTRIES	ARE SUBJECT TO PENA	LTIES.
Please Give Name and Telephone Number of Owner or Person	in Charge of This Business.	ADDRESS OR OTH	ER CORRECTIONS:	
Name: First Global Services,				
Tel. #: 727-723-7900 Fax #:				
Name: First Global Services,	Inc.			
E mail Address:				
Actual Physical Location of Tangible Property as of January 1st (Street Address - NOT PO BOX)	of Current Year:	5. Did You File a Ta	ngible Personal Property Return	n in Pinellas County Last
21959 US Highway 19 N		Year?	,	,
Date You Began Business in Pinellas County: 1/01/	05	X Yes N	lo	
Fiscal Year: From to			Name?, and Where?	
Describe Type of Business:		Same as a		
Telemarketing			the Busn.:	
	Wholesale Mfg.	6a. If Business Sold,		
	<del>-</del>		nting Records if Different From	Physical Location:
Type of Product or Service: Timeshares	- =		•	•
PERSONAL PROPERTY SUMMARY	TAYDA	YER'S ESTIMATE	ORIGINAL	APPRAISER'S
The Schedules on the REVERSE SIDE Must Be Completed in Detail Entered Below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEI	rangitoriaco   A=	FAIR MARKET	INSTALLED	USE
Original Cost and Date of Acquisition.	JOLE SHOWING	VALUE	COST	ONLY
Office Furniture, Office Machines and Library			7,500	
EDP Equipment, Computers, Word Processors			28,099	
10. Store, Bar and Lounge, Restaurant Furniture and Equipment, El	tc.			
11. Machinery and Manufacturing Equipment				
12. Professional, Medical, Dental and Laboratory Equipment				
13. Hotel, Motel and Apartments - Stove, Refrigerator, Furniture, Dr.	apes, etc.			
14. Service Station and Bulk Plant Equipment - Underground Tanks	<del></del>			
15. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.				
16. Leasehold Improvements - Must be Grouped by Type, Year of Ir	nstallation and Desc.			
17. Equipment Owned by You but Rented, Leased or Held by Other				
18. Supplies - Not held for Resale				
19. Other - Please Specify (e.g. I.R.S. Code Section 179 Assets)				
TOTAL PERSONAL PROPERTY			35,599	
I hereby certify that the information and valuations stated above by re to the best of my knowledge and belief. If prepared by someone othe his/her declaration is based on all information of which he/she has a	ne are true and correct or than the taxpayer, ny knowledge.			APPRAISER'S INITIALS
DATE: 103-13-2007 DILE: President	·		Ľ	IGHTALG
SIGNEDY Day C. Bever		PLEASE SIG	ON AND DATE YOUR	R RETURN. SEND
SIGNED: (TANGIBLE PROPERTY OWNER	3)		NAL TO THE PINELI	
(PREPARER)	~ CPA		R'S OFFICE BY APRI	
Lichtenstein Briefman			CANNOT BE ACCEP	
	34239-4502	APPRAISER		
PHONE NO: 941-366-3737 PREPARER'S ID: 6			· · · · · · · · · · · · · · · · · ·	

TURN OVER - SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL

5011 02/28/2007 11:45 AM

ATTACHMENT # P64600156939/60024895

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Jim Smith, CFA
Pinellas County Property Appraiser
Tangible Personal Property Dept.
P.O. Box 1957
Clearwater, FL 33757-1957

## TANGIBLE PERSONAL PROPERTY TAX RETÚRN

Confidential §193.074 F.S. As Required by §193.052 & §193.062 F.S.

RETURN TO COUNTY PROPERTY APPRAISER BY APRIL 1 TO AVOID PENALTIES STATE OF FLORIDA COUNTY OF

> PINELLAS 2007

Return <u>Original</u> .	No	photocopied	signatures	accepted.

FEDERAL EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

51-0426826

DST: CW AREA: 07



Jim Smith, CFA
Pinellas County Property Appraiser
Tangible Personal Property Dept
P.O. Box 1957
Clearwater, FL 33757-1957

\_\_\_ PREPARER'S ID: \_

PHONE NO:

FIRST GLOBAL SERVICES 21959 US HIGHWAY 19 N CLEARWATER FL 33765-2359

DO NOT DUPLICATE FORM FOR OTHER ACCOUNTS, BARCODES ARE ACCOUNT SPECIFIC. ACCOUNT: 0805302

Mailing Convention: Business Name DBA (Doing Business As). Then Corporate Name THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU. INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES. 1. Please Give Name and Telephone Number of Owner or Person in Charge of This Business. ADDRESS OR OTHER CORRECTIONS: Fax #: Tel. #: Corp Name: E-mail Address: 2. Actual Physical Location of Tangible Property as of January 1st of Current Year: (Street Address - NOT PO BOX) 21959 US HIGHWAY 19 N 5. Did You File a Tangible Personal Property Return in Pinellas County Last Year? \_\_\_\_\_ 2a. Sq. Ft.: \_\_\_\_\_ ☐ Yes ☐ No If Yes, Under What Name?, and Where? \_\_\_\_\_ 3. Date You Began Business in Pinellas County: \_\_\_\_ Fiscal Year: From \_\_\_\_\_\_ to \_\_\_\_\_ Describe Type of Business: \_\_\_\_\_\_ 6. Former Owner of the Business: \_\_\_\_ Trade Level: (Check as many as apply) ☐ Retail ☐ Wholesale ☐ Manufacturing 6a. If Business Sold, to Whom? ☐ Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other Location of Accounting Records if Different From Physical Location: Type of Product or Service: \_\_\_ TAXPAYER'S ESTIMATE PERSONAL PROPERTY SUMMARY ORIGINAL APPRAISER'S OF FAIR MARKET INSTALLED USE The Schedules on the REVERSE SIDE Must Be Completed in Detail and TOTALS Entered Below. VALUE COST ONLY ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE Showing Original Cost and Date of Acquisition. 8. Office Furniture, Office Machines and Library 9. EDP Equipment, Computers, Word Processors 10. Store, Bar and Lounge, Restaurant Furniture and Equipment, Etc. 11. Machinery and Manufacturing Equipment 12. Professional, Medical, Dental and Laboratory Equipment 13. Hotel, Motel and Apartments - Stove, Refrigerator, Furniture, Drapes, etc. 14. Service Station and Bulk Plant Equipment - Underground Tanks, Lifts, Tools 15. Signs - Billboard, Pole, Wall, Portable, Directional, Etc. 16. Leasehold Improvements - Must be Grouped by Type, Year of Installation and Description 17. Equipment Owned by You but Rented, Leased or Held by Others 18. Supplies - Not held for Resale 19. Other - Please Specify (e.g. I.R.S. Code Section 179 Assets) **TOTAL PERSONAL PROPERTY** I hereby certify that the information and valuations stated above by me are true and correct APPRAISER'S to the best of my knowledge and belief. If prepared by someone other than the taxpayer, **INITIALS** his/her declaration is based on all information of which he/she has any knowledge. DATE: \_\_\_\_\_ TITLE: \_\_\_\_ PLEASE SIGN AND DATE YOUR RETURN. SEND THIS SIGNED: \_\_\_\_\_ ORIGINAL TO THE PINELLAS COUNTY APPRAISER'S OFFICE (TANGIBLE PROPERTY OWNER) BY APRIL 1st, UNSIGNED RETURNS CANNOT BE ACCEPTED SIGNED: \_\_\_\_\_ (PREPARER) BY THE APPRAISER'S OFFICE. ADDRESS:

TURN OVER - SCHEDULES ON REVERSE SIDE MUST BE COMPLETED IN FULL

Questions Call: (727) 582-3160