

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000160264

Entity Name: FIRST NATIONAL EQUITY GROUP, INC.

FILED
Oct 18, 2006
Secretary of State

Current Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST, FL 32137

Current Mailing Address:

1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST, FL 32137

New Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST, FL 32137

New Mailing Address:

1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST, FL 32137

FEI Number: 20-1929651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, B. PAUL
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

KATZ, B. PAUL
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST, FL 32137 US

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.

SIGNATURE: B PAUL KATZ

10/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KATZ, B. PAUL
Address: 1 FLORIDA PARK DR SPUTH, ATRIUM
City-St-Zip: PALM COAST, FL 32137

Title: VPD () Delete
Name: PASZKIEWICZ, JOHN K
Address: P.O.BOX 353154
City-St-Zip: PALM COAST, FL 32135

Title: VPD () Delete
Name: MULLIGAN, MICHAEL
Address: 3705 NW 130TH AVE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: BUTLER, LAURA
Address: 1281 N.ALLWOOD CIRCLE
City-St-Zip: ANAHEIM, CA 92807

Title: D () Delete
Name: KATZ, DONNA
Address: P.O.BOX 395
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B PAUL KATZ

PD

10/18/2006

Electronic Signature of Signing Officer or Director

Date