

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000160264

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Entity Name:** FIRST NATIONAL EQUITY GROUP, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**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: VPD (X) Change ( ) Addition  
Name: KATZ, SIMON E  
Address: 148 BIRCHWOOD DRIVE  
City-St-Zip: PALM COAST, FL 32137

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

Title: VPD (X) Change ( ) Addition  
Name: UZSINAY, YOSI P  
Address: 1 FLORIDA PARK DRIVE SOUTH  
City-St-Zip: PALM COAST, FL 32137

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

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/09/2007

\_\_\_\_\_  
Date