
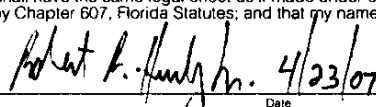


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 016 ***150.00

DOCUMENT # P05000069898 1. Entity Name SERVICE FIRST FINANCIAL CORP					
Principal Place of Business 6838 LAKE NONA PLACE LAKE WORTH, FL 33463 US			Mailing Address 6838 LAKE NONA PLACE LAKE WORTH, FL 33463 US		
2. Principal Place of Business - No P.O. Box # 5700 Lake Worth Rd Suite, Apt. #, etc. 209-3		3. Mailing Address Suite, Apt. #, etc. City & State Greenacres, FL			
Zip 33463		Country 		4. FEI Number 20-2840088	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HURLEY, ROBERT R JR 6838 LAKE NONA PLACE LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HURLEY, ROBERT R JR 6838 LAKE NONA PLACE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T VALERY, LINA M 6838 LAKE NONA PLACE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 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.					
SIGNATURE: Robert R. Hurley, Jr. - President <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div style="text-align: center;">  Date </div> <div style="text-align: right;"> 4/23/07 Daytime Phone # 561-963-6432 </div> </div>					