


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90207 046 ***158.75

DOCUMENT # P05000113717	
1. Entity Name FIRST PLACE REALTY AND PROPERTY MANAGEMENT INC.	

Principal Place of Business 420 NORTH HALIFAX AVENUE SUITE 1 DAYTONA BEACH, FL 32118	Mailing Address 420 NORTH HALIFAX AVENUE SUITE 1 DAYTONA BEACH, FL 32118
--	--

2. Principal Place of Business - No P.O. Box # 420 N. Halifax Ave	3. Mailing Address 420 N. Halifax Ave
Suite, Apt. #, etc. Ste 1	Suite, Apt. #, etc.
City & State Daytona Beach	City & State
Zip Fl. 32118	Country Volusia

40083310



04112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3359853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRONE, ANTHONY 420 NORTH HALIFAX AVENUE SUITE 1 DAYTONA BEACH, FL 32118	7. Name and Address of New Registered Agent Name Morrone Anthony Street Address (P.O. Box Number is Not Acceptable) 1118 Jacaranda Ave City Daytona Beach FL Zip Code 32118
---	---

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)

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 MORRONE, ANTHONY 206Y2 SEABREEZE BLVD. DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 N. Halifax Ave #1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COX, NOEL 206Y2 SEABREEZE BLVD. DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 N. Halifax Ave - #1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRONE, MARIA 206Y2 SEABREEZE BLVD. DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 N. Halifax Ave #1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark Morrone 4/16/07 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #