

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90304 041 \*\*\*150.00

**DOCUMENT # P05000138072**

1. Entry Name  
**1ST CLASS INVESTMENTS, INC.**



Principal Place of Business  
**2086 TIGRIS DR  
WEST PALM BEACH, FL 33411**

Mailing Address  
**2086 TIGRIS DR  
WEST PALM BEACH, FL 33411**

**50011884**

2. Principal Place of Business  
**2086 TIGRIS DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**2086 TIGRIS DR**  
Suite, Apt. #, etc.



04042006 Chg-P CR2E034 (11/05)

City & State  
**West Palm Beach, FL**  
Zip  
**33411** Country  
**USA**

City & State  
**West Palm Beach, FL**  
Zip  
**33411** Country  
**USA**

4. FEI Number **N/A** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MOZISEK, FRANKLIN J.  
2086 TIGRIS DR  
WEST PALM BEACH, FL 33411**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 name changes)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **MOZISEK, FRANKLIN J**  
STREET ADDRESS **2086 TIGRIS DR**  
CITY - ST - ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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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:

*Franklin Jason Mozisek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 5, 2006*  
Date Daytime Phone #

*Franklin Jason Mozisek*

*561-386-2839*