## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000153552

SIMONE, DARRIN L

4915 BIMINI DRIVE

BRADENTON, FL 34210 US

Name:

Address:

City-St-Zip:

Entity Name: 1ST CHOICE FACILITIES SERVICES CORP

FILED Jul 14, 2008 Secretary of State

•					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2041 WHITFIELD PARK LOOP SARASOTA, FL 34243 US			1941 WHITFIELD F SARASOTA, FL 34		
Current M	lailing Addres	s:	New Mailing Addı	New Mailing Address:	
2041 WHITFIELD PARK LOOP SARASOTA, FL 34243 US				1941 WHITFIELD PARK LOOP SARASOTA, FL 34243 US	
FEI Number:	20-3822579	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
SIMONE, EILEEN 2041 WHITFIELD PARK LOOP BRADENTON, FL 34202 US				SIMONE, EILEEN 1941 WHITFIELD PARK LOOP BRADENTON, FL 34202 US	
	named entity se of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				07/14/2008	
	Electron	iic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notice.		
	S AND DIREC	• • • • • • • • • • • • • • • • • • • •	ADDITIONS/CHAP	NGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( ) SIMONE, GARY 20310 77TH AV BRADENTON, F	'E EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( ) RUTIGLIANO, G 4915 BIMINI DE BRADENTON, F	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( ) SIMONE, EILEE 20310 77TH AV BRADENTON, F	'E EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	s ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EILEEN M SIMONE T 07/14/2008