

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90008 009 ***150.00

DOCUMENT # P05000162085

1. Entity Name
FIRST CLASS CARE INC.



Principal Place of Business
**154 CORDOBA CIRCLE
ROYAL PALM BEACH, FL 33411**

Mailing Address
**1018 PARK HILL DRIVE
WEST PALM BEACH, FL 33417**

40030165



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

22-3918987

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name

Faith Corley Williams

Street Address (P.O. Box Number is Not Acceptable)

154 Cordoba Circle

City

Royal Palm Beach FL 33411

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

Faith Corley Williams

2/28/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **CORLEY, FAITH**
STREET ADDRESS **154 CORDOBA CIRCLE**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Corley, Faith**
STREET ADDRESS **Williams, Faith Corley**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

Faith Corley Williams President

Date

Daytime Phone #

**561-236-1447
2/28/07**