

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90010 003 \*\*\*158.75

**DOCUMENT # P06000122689**



1. Entity Name  
1ST FRIENDLY FINANCIAL INC.

Principal Place of Business  
12340 HINDMARSH CIRCLE  
JACKSONVILLE, FL 32225

Mailing Address  
12340 HINDMARSH CIRCLE  
JACKSONVILLE, FL 32225

40039914



2. Principal Place of Business - No P.O. Box #  
301 W. Bay St  
Suite/Apt. #, etc.  
2310  
City & State  
JACKSONVILLE FL.

3. Mailing Address  
301 W. Bay St  
Suite/Apt. #, etc.  
2310  
City & State  
JACKSONVILLE FL.

03202007 Chg-P CR2E034 (12/06)

4. FEI Number  
14-1977026  
Applied For  
Not Applicable

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

Zip  
32202

Country  
DUVAL

Zip  
32202

Country  
DUVAL

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

SMITH, STANLEY C  
12340 HINDMARSH CIRCLE  
JACKSONVILLE, FL 32225

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

Name  
STANLEY C. SMITH  
Street Address (P.O. Box Number is Not Acceptable)  
5024 CAPE ROMAIN CT.  
City JACKSONVILLE FL Zip Code 32277

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]*

3-20-07

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. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
SMITH, STANLEY C  
12340 HINDMARSH CIRCLE  
JACKSONVILLE, FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, CRAIG L  
12340 HINDMARSH CIRCLE  
JACKSONVILLE, FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, CLARK D  
1020 WORCESTER AVE  
PASADENA, CA 91104 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, LELAND P  
2217 5TH AVENUE, APT 1  
LOS ANGELES, CA 90018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, DWIGHT  
2850 MAINE AVE, APT 1  
LOS ANGELES, CA 90018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
SMITH, STANLEY C  
5024 CAPE ROMAIN CT  
JACKSONVILLE FL 32277 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07

Date

Daytime Phone #