2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000155754

1. Entity Name
FIRST FAMILIES RELOCATION, INC.

Principal Place of Business	Mailing Address
113 HOLLYWOOD BLVD. NW FORT WALTON BEACH, FL 32547	POST OFFICE BOX 2317 FORT WALTON BEACH, FL 32549

DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-8158111
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELLEY, GLENN
113 HOLLYWOOD BLVD. NW
FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

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)

000000788545
01/18/08-80050-010 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
NAME	SHELLEY, GLENN
STREET ADDRESS	113 HOLLYWOOD BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	VP
NAME	SHELLEY, EULICE E
STREET ADDRESS	113 HOLLYWOOD BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	S
NAME	SHELLEY, GLENN
STREET ADDRESS	113 HOLLYWOOD BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	T
NAME	SHELLEY, GLENN
STREET ADDRESS	113 HOLLYWOOD BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ G. Glenn Shelley-President 1-15-08 850 244-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #