

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122366

FILED
Apr 29, 2009
Secretary of State

Entity Name: FAMILY FIRST INSURANCE & FINANCIAL SERVICES INC.

Current Principal Place of Business:

1550 US HWY 1 SO
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

2246 18TH ST S
ST PETERSBURG, FL 33712 US

New Mailing Address:

1550 US HWY 1 SO
ST AUGUSTINE, FL 32084 US

FEI Number: 26-1373652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AAGAP CONSULTANTS INC
2400 MLK ST S
STE C
ST PETERSBURG, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALHOUN, SYLVESTER A
Address: 350 LAKEWOOD DR APT 40
City-St-Zip: BRANDON, FL 33510 US

Title: VP () Delete
Name: HAMES, FREDDIE
Address: 2632 19TH ST S
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: S () Delete
Name: HAMES, CARRIE
Address: 2632 19TH ST S
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: T () Delete
Name: CALHOUN, ALVESTER
Address: 4520 4TH ST
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALHOUN, SYLVESTER A
Address: 308 SYRAH WAY
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SYLVESTER A CALHOUN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date