

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007827

FILED
Apr 27, 2009
Secretary of State

Entity Name: FIRST CAPITAL LENDING CORP.

Current Principal Place of Business:

3848 COLONIAL BLVD
FT MYERS, FL 33966 US

New Principal Place of Business:

Current Mailing Address:

3848 COLONIAL BLVD
FT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 65-0384142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, EDWARD R
3848 COLONIAL BLVD
FT MYERS, FL 33966 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: PTSD () Delete
Name: FLOYD, EDWARD R
Address: 7322 HERITAGE PALMS ESTATES DRIVE
City-St-Zip: FT MYERS, FL 33966

Title: VD () Delete
Name: VINCENT, PATTI
Address: 3225 SW 4TH LANE
City-St-Zip: CAPE CORAL, FL 33991

Title: DAV () Delete
Name: STAHLHUT, BRAD
Address: 18160 OLD PELICAN BAY DRIVE
City-St-Zip: FORT MYERS, FL 33931

Title: DAV (X) Delete
Name: KREJCI - KELLY, TRACY
Address: 11655 PRINCESS MARGARET COURT,
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EDWARD R FLOYD

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04/27/2009

Electronic Signature of Signing Officer or Director

Date