


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90028 039 ***150.00

DOCUMENT # P93000036251 1. Entity Name FIRST COMMONWEALTH CONSULTANTS, INC.					
Principal Place of Business 3960 SOUTH BANANA RIVER BOULEVARD COCOA BEACH FL 32931 US			Mailing Address 2023 N ATLANTIC AVE PMB 253 COCOA BCH FL 32931 US		
2. Principal Place of Business 1980 N. ATLANTIC AVE Suite, Apt. #, etc. Suite 818			3. Mailing Address SAMP Suite, Apt. #, etc.		
City & State Cocoa Beach FL			City & State		
Zip 32931		Country BRAND		Zip Country	
4. FEI Number 59-3185550				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURKE, WILLIAM 3960 SOUTH BANANA RIVER BOULEVARD C/O FIRST COMMONWEALTH COCOA BEACH FL 32931			Name William Burke Street Address (P.O. Box Number is Not Acceptable) 1980 N. ATLANTIC AVE Suite 818 City Cocoa Beach FL Zip Code 32931		
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 <i>William E. Burke Pres</i> DATE 1/24/05 <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME BURKE, WILLIAM E STREET ADDRESS 2023 N ATLANTIC AVE. STE 818 CITY-ST-ZIP COCOA BEACH FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>William E. Burke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/24/05 Daytime Phone # 3218882100		

50007612



1st MOORE

CR2E034 (10/04)