

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007080

Entity Name: FIRST BOSTON CORPORATION

FILED
Feb 08, 2007
Secretary of State

Current Principal Place of Business:

P O BOX 4602
WINTER PARK, FL 32793 US

New Principal Place of Business:

361 WEKIVA COVE ROAD
LONGWOOD, FL 32779 US

Current Mailing Address:

P O BOX 4602
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 59-3280771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, T J
361 WEKIVA COVE ROAD
LONGWOOD, FL 32779 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: D () Delete
Name: CARTER, T J
Address: 361 WEKIVA COVE RD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: HENDRICK, THOMAS
Address: 2252 KING JOHNS COURT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HENDRICKS, THOMAS
Address: 120 MAGNOLIA
City-St-Zip: ALTEMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: T HENDRICKS

PRES

02/08/2007

Electronic Signature of Signing Officer or Director

Date