2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 23, 2007 8:00 am Secretary of State

DOCUMENT # P94000023498					07-23-2007 90042 018 ***150.00			
1. Entity Nam FIRST-ST INC.	IN TOP LANDSCAPING AND LA							
Principal Place of Business Mailing Address					THOOOR			
5263 WOODLAND DRIVE 5263 WOODLAND DRIVE								
	CH, FL 33484 US	34 US						
						N 20110 11000 11111 BIOLO 10101 10		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6973 Blook Hollow P.O. 6973 Blook			e Hollow	es III				
Suite, Apt. #, etc. Suite, Apt. #, etc.				0705200	Chg-P	CR2E034 (12/06)		
City & State WORTH, Pl, LAKE L		LAKE WORT	H, Fl.	4. FEI Num 65-04	96164		oplied For ot Applicable	
Zip 33'	467 Country USA	33467	Country	5. Certifica	te of Status Desired	□ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
ELLIC IOUNE				LLIS JO	HN F.			
ELLIS, JOHN F ESCANDIDIAND DRIVE 6973 BROOK HOLLOW RD.				Street Address (P.O. Box Humber is Not Acceptable) Rs.				
DELRAY BEACH, FL 33484 LAKE WORTH, Fl. 33467			LAKE WORTH, Fl.					
			City	AKE WOR		FL Zucog	e	
The above named entity submits this statement for the purpose of changing its registered office or registered						<u> </u>	461	
the obligations of registered agent.								
SIGNATURE	JOHN F. ELLIS (Signature, typed or printed name of registered agent ar	egistered Agent signatur	e required when reinstating)		DATE			
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
		NECTOR		A DOUT! OA				
TITLE	OFFICERS AND D	Delete	11.	ADDITION	S/CHANGES TO OFF	ICERS AND DIRECTORS		
NAME	F1.140 :01:11 F	—	NAME			☐ Change	☐ Addition	
STREET ADDRESS	₩.		STREET ADDRESS					
CITY-ST-ZIP		Ke WORTH, Fl. 3346	CITY-ST-ZIP					
TITLE	V	Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	ELLIS, ADA RIVERA 5263 WOODLAND DRIVE 697	NAME STREET ADDRESS						
CITY-ST-ZIP	DELRAY BEACH, FL 33484 LAK	CITY-ST-ZIP		•				
TITLE		☐ Delete	TITLE	-		☐ Change	☐ Addition	
NAME .			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
-			CITY-ST-ZIP		<u> </u>			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY - ST - ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
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NAME		ii Delete	NAME			□ Cuarite	LI Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-7IP			CITY-ST-7IP					

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:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days Desymme Phone *

ATTACHMENT H0126666

6973 Brock Hollow Ro. LAKE WORTH, Fl. 33467 July 16, 2007

Division of Coeporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

a.

DOCUMENT# P940000 23498

Gentlemen:

I did not receive the Notice until

Just about a week ago. I thrue moved

and the mailed has not been received

in a timely matter. I feel the reinstafement

Fee should be waived.

Your prompt affection to this matter is appreciated.

Yours Truly, John Ellis