2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# P94000050448

Entity Name: FIRST COMMUNITY FINANCIAL CORPORATION

Current Principal Place of Business:

360 CENTRAL AVE.
ST. PETERSBURG, FL

New Principal Place of Business:

360 CENTRAL AVE.
ST. PETERSBURG, FL 33701

Current Mailing Address:

360 CENTRAL AVE.
ST. PETERSBURG, FL

New Mailing Address:

360 CENTRAL AVE.
ST. PETERSBURG, FL 33701

FEI Number: 59-3256593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHEY, ROBERT G
360 CENTRAL AVE.
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

HAIRE, NANCY C
360 CENTRAL AVE.
SAINT PETERSBURG, FL 33701 US

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: NANCY C. HAIRE 04/16/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: MENKE, ROBERT M
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D ( ) Delete
Name: MEEHAN, DAVID K
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: DT ( ) Delete
Name: HUSSEMANN, EDWIN C
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: AS ( ) Delete
Name: HAIRE, NANCY C
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: AS (X) Delete
Name: SOUTHEY, ROBERT G
Address: 360 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33700 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DTS (X) Change ( ) Addition
Name: HUSSEMANN, EDWIN C
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

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 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 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: NANCY C. HAIRE AS 04/16/2004
Electronic Signature of Signing Officer or Director Date