

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000056496**

1. Entity Name  
**FIRST ASSISTANTS, INC.**



Principal Place of Business  
**405 NEWPORT DR  
INDIALANTIC, FL 32903**

Mailing Address  
**405 NEWPORT DR  
INDIALANTIC, FL 32903**

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3263299**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**O'BRIEN, JAMES M  
516 N HARBOR CITY BLVD  
MELBOURNE, FL 32935**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-7-04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000001E4838  
07/09/04 80005-622 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GRIFFITH, RITA L  
405 NEWPORT DR  
INDIALANTIC, FL 32903**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **RITA L GRIFFITH**

DATE

**7-7-04**

Daytime Phone #