

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000063294

Entity Name: FIRST CHOICE EQUIPMENT, INC.

FILED
Feb 18, 2007
Secretary of State

Current Principal Place of Business:

5414-C N. 56TH STREET
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14426
CLEARWATER, FL 34629 US

New Mailing Address:

P.O. BOX 14426
CLEARWATER, FL 33766 US

FEI Number: 59-3284215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULCAHY, L EDWARD
3114 HYDE PARK DRIVE
CLEARWATER, FL 33761 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: PS () Delete
Name: MULCAHY, L EDWARD
Address: 3114 HYDE PARK DR
City-St-Zip: CLEARWATER, FL

Title: VP (X) Delete
Name: MULCAHY, MARILYN
Address: 3114 HYDE PARK DR.
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MULCAHY, L EDWARD
Address: 3114 HYDE PARK DR
City-St-Zip: CLEARWATER, FL 33761

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 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: EDWARD MULCAHY

PS

02/18/2007

Electronic Signature of Signing Officer or Director

Date