

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000078961 1. Entity Name FIRST COMMERCIAL REAL ESTATE SERVICES, INC.					
Principal Place of Business 5770 ROOSEVELT BLVD SUITE 625 CLEARWATER, FL 33760				Mailing Address 5770 ROOSEVELT BLVD SUITE 625 CLEARWATER, FL 33760	
2. Principal Place of Business 5771 Roosevelt Blvd.		3. Mailing Address Same			
Suite, Apt. #, etc. 625		Suite, Apt. #, etc. Same			
City & State Clearwater, FL		City & State Same			
Zip 33760		Country USA		Zip Same	
Country USA		Country Same			
6. Name and Address of Current Registered Agent REMUND, RENE' 5770 ROOSEVELT BLVD SUITE 625 CLEARWATER, FL 33760				7. Name and Address of New Registered Agent Name DAVID A. TOWNSEND, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 608 West Horatio Street City Tampa	
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.				4. FEI Number 59-3294267	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE: <i>David A. Townsend</i> July 29, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME REMUND, RENE' STREET ADDRESS 5770 ROOSEVELT BLVD SUITE 625 CITY-ST-ZIP CLEARWATER, FL 33760			TITLE P, S, T NAME REMUND, RENE' STREET ADDRESS 5771 Roosevelt Blvd., Ste 625 CITY-ST-ZIP Clearwater, FL 33760		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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, without other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7/29/05	
Daytime Phone #				727-539-1900	

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07272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3294267

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

Name
DAVID A. TOWNSEND, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
608 West Horatio Street
City
Tampa
FL
Zip Code
33606

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10. OFFICERS AND DIRECTORS

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5770 ROOSEVELT BLVD SUITE 625
CITY-ST-ZIP
CLEARWATER, FL 33760

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7/29/05 727-539-1900

Daytime Phone #