## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P94000094056** 04-25-2005 90264 005 \*\*\*150 00 1. Entity Name FIRST ASSET MANAGERS, INC. Principal Place of Business Mailing Address 1940 10TH AVENUE P 0 BOX 6132 VERO BEACH, FL 32961 US VERO BEACH, FL 32960 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0556424 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YEMM, RICHARD A Street Address (P.O. Box Number is Not Acceptable) **1940 10TH AVENUE** STE B VERO BEACH, FL 32960 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE ☐ Change □ Delete YEMM. RICHARD A 1940 10th fue Suite A 1031 18TH STREET SUITE K STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP MILE □ Delete ШÆ ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-78 MLE Delete MIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Defete ITILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP 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 comporation 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. Mma SIGNATURE:

**FILED** 

Apr 25, 2005 8:00 am Secretary of State