

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90029 003 \*\*\*150.00

**DOCUMENT # P95000008805**

1. Entity Name  
**FUTURE FIRST FINANCIAL GROUP, INC.**



Principal Place of Business  
1301 RIVERPLACE BLVD  
SUITE 1720  
JACKSONVILLE, FL 32207 US

Mailing Address  
PO BOX 3552  
PONTE VEDRA BEACH, FL 32004 US

**94040248**



2. Principal Place of Business  
**101 N. MONROE ST**

3. Mailing Address  
**101 N. MONROE ST.**

Suite, Apt. #, etc.  
**SUITE 725**

City & State  
**TALLAHASSEE, FL**

Zip  
**32301**

Country  
**USA**

03172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3296961**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEVINE, DAVID M ESQ.**  
**201 S. BISCAYNE BLVD**  
**SUITE 2600**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEVINE, DAVID M ESQ. 201 S. BISCAYNE BLVD, SUITE 2600 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/25/04** **(305) 536-1112**