

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067991

FILED  
Jan 20, 2004  
Secretary of State

Entity Name: FIRST SECURITY FINANCIAL ADVISORS, INC.

## Current Principal Place of Business:

125 WEST MIAMI AVE., SUITE B  
VENICE, FL 342852411

## New Principal Place of Business:

125 MIAMI AVENUE WEST  
SUITE B  
VENICE, FL 342852411 24

## Current Mailing Address:

125 WEST MIAMI AVE., SUITE B  
VENICE, FL 342852411

## New Mailing Address:

125 MIAMI AVENUE WEST  
SUITE B  
VENICE, FL 342852411

FEI Number: 65-0604482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TUCCILLO, TRAVIS  
125 WEST MIAMI AVE.  
SUITE B  
VENICE, FL 34285 US

## Name and Address of New Registered Agent:

TUCCILLO, TRAVIS W  
125 MIAMI AVENUE WEST  
SUITE B  
VENICE, FL 34285 US

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: TRAVIS W TUCCILLO

01/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAKAREWICZ, DENNIS  
Address: 125 WEST MIAMI AVE., SUITE B  
City-St-Zip: VENICE, FL 342852411

Title: D ( ) Delete  
Name: TUCCILLO, TRAVIS  
Address: 125 WEST MIAMI AVE., SUITE B  
City-St-Zip: VENICE, FL 342852411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: TRAVIS W TUCCILLO

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date