## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081709

Entity Name: FIRST PRIORITY PROCESS SERVICE, INC.

FILED Jan 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2199 PONCE DE LEON 300 2199 PONCE DE LEON CORAL GABLES, FL 33134

SUITE 300

CORAL GABLES, FL 33134

**Current Mailing Address:** New Mailing Address:

2199 PONCE DE LEON 300 2199 PONCE DE LEON CORAL GABLES, FL 33134

SUITE 300

CORAL GABLES, FL 33134

FEI Number: 65-0622507 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIBSON, ROGER P GIBSON, ROGER P 2199 PONCE DE LEON 2199 PONCE DE LEON 300

CORAL GABLES, FL 33134 US SUITE 300

CORAL GABLES, FL 33134 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: ROGER P. GIBSON 01/05/2005

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ( ).

() Delete

## **OFFICERS AND DIRECTORS:**

Title:

**PDVS** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: **PVTD** ( ) Delete Title: D/RA (X) Change ( ) Addition GIBSON, ROGER P GIBSON, ROGER P Name: Name: 2199 PONCE DE LEON 300 2199 PONCE DE LEON 300 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

GIBSON, ANA GIBSON, ANA Name: Name:

2199 PONCE DE LEON 300 2199 PONCE DE LEON 300 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

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: ROGER P. GIBSON D/RA 01/05/2005