

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000024275

1. Entity Name
FIRST FINANCIAL OF HERNANDO, INC.



Principal Place of Business
5327 COMMERCIAL WAY, SUITE C115
SPRING HILL, FL 34606

Mailing Address
5327 COMMERCIAL WAY, SUITE C115
SPRING HILL, FL 34606

FILED

2006 AUG 14 PM 4:38



08142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3434690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELILLO, RICHARD
5327 COMMERCIAL WAY, SUITE C115
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name
Michael T. Kania
Street Address (P.O. Box Number is Not Acceptable)
5327 Commercial Way Ste C115
City
Spring Hill FL Zip Code
34606

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]

Michael T. Kania

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
ANGELILLO, RICHARD T
STREET ADDRESS
5327 COMMERCIAL WAY, SUITE C115
CITY-ST-ZIP
SPRING HILL, FL 34606

TITLE
NAME
D
KANIA, MICHAEL T
STREET ADDRESS
5327 COMMERCIAL WAY, SUITE C115
CITY-ST-ZIP
SPRING HILL, FL 34606

TITLE
NAME
D
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP
700078884187
08/18/06--01044--007 **\$61.25

TITLE
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CITY-ST-ZIP
B 8/14/06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 in an attachment with my address, with all other like empowered.

SIGNATURE

[Signature]

Michael T. Kania

(352) 596-8101

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #