

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000039113

1. Entity Name

FIRST AMERICAN AFFILIATES, INC.



FILED

04 MAY 13 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308

Mailing Address \*

2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3448126

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lajoie, John  
2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308

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 registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CONWAY, MICHAEL  
STREET ADDRESS 2075 CENTRE POINTE BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☒ Addition  
NAME Ken Jayner  
STREET ADDRESS 1983 Centre Pointe Blvd, Ste. 100  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VP ☐ Delete  
NAME HANSLI, ALFRED J  
STREET ADDRESS 2075 CENTRE POINTE BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME GREBER, ALAN  
STREET ADDRESS 7360 BRYAN DAIRY RD., STE 200  
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE ☐ Change ☐ Addition  
NAME 100032256031  
STREET ADDRESS 05/13/04--01075--024 \*\*17.50  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME LAROSA, MICHAEL  
STREET ADDRESS 7360 BRYAN DAIRY RD., STE 200  
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE ☐ Change ☐ Addition  
NAME 100032256031  
STREET ADDRESS 04/20/04--01089--008 \*\*43.75  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME GALLAWAY, JAMES N  
STREET ADDRESS 2075 CENTRE POINTE BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME GARRITY, RYAN  
STREET ADDRESS 2075 CENTRE POINTE BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

5/5/04

Date

(850) 402-4101

Daytime Phone #