

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90013 005 ***150.00

DOCUMENT # P97000068873

1. Entity Name

FIRST AND LAST CORPORATION



Principal Place of Business

1 MOULTRIE CREEK CIR
ST AUGUSTINE FL 32086-9002
US

Mailing Address

1 MOULTRIE CREEK CIR
ST AUGUSTINE FL 32086-9002
US

2. Principal Place of Business

3321 KINGS RD. SO.

Suite, Apt. #, etc.

3. Mailing Address

3321 KINGS RD. SO.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ST. AUGUSTINE FL.

City & State

ST. AUGUSTINE FL.

4. FEI Number

59-3465059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MASSANERO, JAMES A
1 MOULTRIE CREEK CIR
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name MASSANERO, JAMES A.

Street Address (P.O. Box Number is Not Acceptable)
3321 KINGS RD. SO.

City ST. AUGUSTINE

FL

Zip Code 32086

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

James A Massanero

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MASSANERO, JAMES A | |
| STREET ADDRESS | 1 MOULTRIE CREEK CT | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASSANERO, JAMES A. | |
| STREET ADDRESS | 3321 KINGS RD. SO. | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32086 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

James A Massanero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/04

Daytime Phone #

904 794-9887