



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000077346 1. Entity Name FIRST RESIDENTIAL REALTY SERVICES, INC.					FILED 04 FEB 23 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2/16/04 90058 001 \$61.25 
Principal Place of Business 760 S VOLUSIA AVE STE A ORANGE CITY, FL 32763		Mailing Address 760 S VOLUSIA AVE STE A ORANGE CITY, FL 32763		02092004 Chg-P CR2E034 (10/03)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3558961	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANAMAKER, JOANNE 102 JAMES POND COURT DEBARY, FL 32713				7. Name and Address of New Registered Agent Name GREGORY B. RUCKERT Street Address (P.O. Box Number is Not Acceptable) 562 LANTERN LANE City ORANGE CITY FL Zip Code 32762	
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 <i>[Signature]</i> OPERATIONS MANAGER				DATE 2/10/04	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANAMAKER, JOANNE 102 JAMES POND COURT DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Wanamaker 102 JAMES POND CT DEBARY FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, CHARLES 760 S VOLUSIA AVE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CAROL WINSLOW 48 SPRING GLEN DRIVE DEBARY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i> John WANAMAKER				DATE 2/10/04 775-8633	