

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90013 002 \*\*\*150.00

**DOCUMENT # P98000039517**

1. Entity Name

FIRST GEN CORP.



Principal Place of Business

841 OLEANDER STREET  
BOCA RATON FL 33486

Mailing Address

841 OLEANDER STREET  
BOCA RATON FL 33486

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

856 Appleby Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

Country

Zip

33487

Country

USA

4. FEI Number

65-0829710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, RONALD L  
1800 CORPORATE BLVD NW  
SUITE 302  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

*Mario E. Gentile* Mario E. Gentile

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-03

**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 D ☐ Delete  
NAME GENTILE, FRANK A  
STREET ADDRESS 7635 NE 8TH COURT  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ Delete  
NAME GENTILE, MARIO  
STREET ADDRESS 856 APPLEBY STREET  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ Delete  
NAME GENTILE, JOHN A  
STREET ADDRESS 475 NE 6TH STREET  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete  
NAME GENTILE, ANTHONY F  
STREET ADDRESS 841 OLEANDER STREET  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Mario E. Gentile* Mario E. Gentile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-04

Daytime Phone #

561-843-8668