


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90556 006 ***150.00

DOCUMENT # P98000101638 1. Entity Name FIRST CHOICE TITLE, INC.					
Principal Place of Business 1232 N UNIVERSITY DR PLANTATION, FL 33322			Mailing Address 1232 N UNIVERSITY DR PLANTATION, FL 33322		
2. Principal Place of Business 499 N.W. 70th Ave. Suite, Apt. #, etc. 112		3. Mailing Address 499 N.W. 70th Ave. Suite, Apt. #, etc. 112			
City & State Plantation, FL Zip 33317		City & State Plantation, FL Zip 33317		4. FEI Number 65-0905382 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON-DAVID R JR 1232 N UNIVERSITY DR PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name Thompson, David R. Jr. Street Address (P.O. Box Number is Not Acceptable) 499 N.W. 70th Avenue, Suite 112 City Plantation FL Zip Code 33317		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD THOMPSON, DAVID R JR 1232 N UNIVERSITY DR PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thompson, David R Jr. 499 Nw 70th Avenue, Suite 112 Plantation, FL 33317
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, BARBARA 1232 N UNIVERSITY DR PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thompson, Barbara 499 Nw 70th Avenue, Suite 112 Plantation, FL 33317
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>David R. Thompson, Jr.</u> 4/28/05 954-476-789 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40075192



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