

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000070981

1. Entity Name
FIRST FINANCIAL ASSOCIATES, INC.



Principal Place of Business
1018 MONTEREY BLVD NE
SAINT PETERSBURG, FL 33704

Mailing Address
1018 MONTEREY BLVD NE
SAINT PETERSBURG, FL 33704

FILED
May 05, 2008 08:00 AM
Secretary of State



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3594185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHRS, DENIS A
2575 ULMERTON RD
CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000949242
06/03/08-80021-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, LAURIE L
STREET ADDRESS	1018 MONTEREY BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	S
NAME	NUSSAUM, VALARIE K
STREET ADDRESS	1018 MONTEREY BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Valarie K. Nussaum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/30/08 x 727/580-3827
Date Daytime Phone #