


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # V19876 1. Entity Name FIRST CITIZENS PREMISES COMPANY, INC.	
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Principal Place of Business 2211 OKEECHOBEE ROAD FT. PIERCE, FL 33450	Mailing Address ATTN: ACCOUNTING 2810 S. U.S. 1 FORT PIERCE, FL 34982
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0326076	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POLACKWICH, ALAN S SR. 4100 20TH STREET VERO BEACH, FL 32960
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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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, VERNON D. 2211 OKEECHOBEE ROAD FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, TIM E 2211 OKEECHOBEE RD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBBINS, CINDY M 2211 OKEECHOBEE ROAD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Tim E. Brown **Tim E. Brown** 4/24/08 772-466-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #