

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73095

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: FLORIDA EAST COAST INDUSTRIES, INC.

**Current Principal Place of Business:**

ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-2349968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDDINS, HEIDI J  
ONE MALAGA STREET  
ST. AUGUSTINE, FL 32084      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD      (X) Delete  
Name: ANESTIS, R W  
Address: ONE MALAGA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: EVP      ( ) Delete  
Name: MCPHERSON, J.D.  
Address: ONE MALAGA ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VC      ( ) Delete  
Name: MACSWAIN, R F  
Address: ONE MALAGA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: EVPS      ( ) Delete  
Name: EDDINS, HEIDI J  
Address: ONE MALAGA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: EVP      ( ) Delete  
Name: POPKY, DANIEL H  
Address: ONE MALAGA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CPD      ( ) Change (X) Addition  
Name: HENRIQUES, ADOLFO  
Address: ONE MALAGA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI J. EDDINS

EVPS

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date