# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# G73095

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

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

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

Title: EVP (X) Change ( ) Addition
Name: MCPHERSON, JOHN D
Address: ONE MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/26/2006
Electronic Signature of Signing Officer or Director Date