2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90052 018 ***150.00

DOCUMENT # P03000125418

1. Entity Name
FLORIDA COAST, INC.

Principal Place of Business	Mailing Address
6372 LACOSTA DRIVE 401 BOCA RATON FL 33433	6372 LACOSTA DRIVE 401 BOCA RATON FL 33433

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1000 East Camino Real	1000 East Camino Real
Suite, Apt. #, etc.: 1A	Suite, Apt. #, etc.: 1A
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number: 20-0366746 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEYERS, JULIE A EA
4560 BRANDYWINE DRIVE
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Brian Mulgrew
Street Address (P.O. Box Number is Not Acceptable): 1000 East Camino Real 1A
City: Boca Raton **FL** Zip Code: 33432

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] 4-9-04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MULGREW, BRIAN	NAME	
STREET ADDRESS	6372 LACOSTA DRIVE, APT. 401	STREET ADDRESS	1000 EAST CAMINO REAL 1A
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	Boca Raton FL 33432
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4-9-04 561-395-3162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brian Mulgrew