## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001361

SALTER, JO ANN

18201 KIRKWOOD DR

SANTA ANA, CA 92705

Name:

Address:

City-St-Zip:

**Entity Name: NORTH COAST SECURITIES CORPORATION** 

FILED Jul 16, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9995 GATE PKWY N SUITE 300 JACKSONVILLE, FL 32246 **New Mailing Address: Current Mailing Address:** 9995 GATE PKWY N SUITE 300 JACKSONVILLE, FL 32246 FEI Number: 94-3192384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM B & C CORPORATE SERVICES, INC 1200 SOUTH PINE ISLAND ROAD 21ST FLOOR, ONE BISCAYNE TOWER PLANTATION, FL 33324 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 US 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: BRENDA FRADERA 07/16/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PASTERCZYK, FRANK Name: Name: 9995 GATE PARKWAY NORTH, SUITE 300 Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition Name: BROWN, KENNETH Name: 9995 GATE PARKWAY NORTH, SUITE 300 Address: Address: JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip: Title: Title: **VPT** ( ) Delete VPT (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SALTER, JO ANN

18201 KIRKWOOD AVENUE

SANTA ANA, CA 92705

SIGNATURE: JO ANN SALTER **VPT** 07/16/2007