

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90011 001 ***158.75

DOCUMENT # F21996

1. Entity Name

FLORIDA COAST INVESTMENTS CORP.



Principal Place of Business

P.O. BOX 540029
ORLANDO FL 32854

Mailing Address

P.O. BOX 540029
ORLANDO FL 32854



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-2073372

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BELOIS, RALPH L~~
~~934 N. MAGNOLIA~~
~~SUITE 310~~
~~ORLANDO FL 32803~~

Name
RON BENEDETTI
Street Address (P.O. Box Number is Not Acceptable)
934 N. MAGNOLIA AVENUE
SUITE #310

City
ORLANDO **FL** Zip Code
32803

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 *Ron Benedetti* **RON BENEDETTI, PRES/SEC'Y** **3/8/06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTD ☒ Delete
NAME DEBLOIS, RALPH L
STREET ADDRESS 934 N. MAGNOLIA AVE #310
CITY-ST-ZIP ORLANDO FL 32803

TITLE PS ☒ Change ☐ Addition
NAME RON BENEDETTI
STREET ADDRESS 934 N. MAGNOLIA AVENUE, #310
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Change ☒ Addition
NAME MARGARET MORGERA
STREET ADDRESS 934 N. MAGNOLIA AVENUE, #310
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ron Benedetti* **RON BENEDETTI, PS** **3/8/06** **407-839-2016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #