



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # G80388 1. Entity Name FIRST COAST CONSULTANTS, INC.		
Principal Place of Business 1730 SHADOWOOD LANE SUITE 320 JACKSONVILLE, FL 32207 US		Mailing Address 1730 SHADOWOOD LANE SUITE 320 JACKSONVILLE, FL 32207 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VAINE, JOSEPH T. 7541 HOLIDAY ROAD S. JACKSONVILLE, FL 32216		 01052004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2501222 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS VAINE, JOSEPH T. 7541 HOLIDAY ROAD S. JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAINE, JANICE D. 7541 HOLIDAY ROAD S. JACKSONVILLE, FL 32216	
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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: <u>Joseph T. Vaine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-5-04 904-396-0990 <small>Date Daytime Phone #</small>