

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90038 019 ***150.00

DOCUMENT # H07441

1. Entity Name
FIRST COAST EQUIPMENT COMPANY



Principal Place of Business
**526 STOCKTON ST
JACKSONVILLE, FL 32204 US**

Mailing Address
**526 STOCKTON ST
JACKSONVILLE, FL 32204 US**

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2413303

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAY, W.W. 524 STOCKTON STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, ELOISE D. 524 STOCKTON ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAINTER, ROGER W 524 STOCKTON ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY KATHRYN S LEE 524 STOCKTON STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-08