


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90013 034 ***150.00

DOCUMENT # H14062 1. Entity Name FIRST COAST TRAVEL, INC.					
Principal Place of Business 3510 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250			Mailing Address 3510 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # 2333 Latrium Cir. N. Suite, Apt. #, etc.		3. Mailing Address 2333 Latrium Cir. N. Suite, Apt. #, etc.			
City & State Ponte Vedra Fl. 32082		City & State Ponte Vedra Fl.		4. FEI Number 59-2434765	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENS, JUDITH H. 9540 S THIRD ST. JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Judith H. Stevens</i></u> 3/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS STEVENS, JUDITH H. 9540 SOUTH THIRD STREET JAX BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Judith H. Stevens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/21/07</u> Daytime Phone #		

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